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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

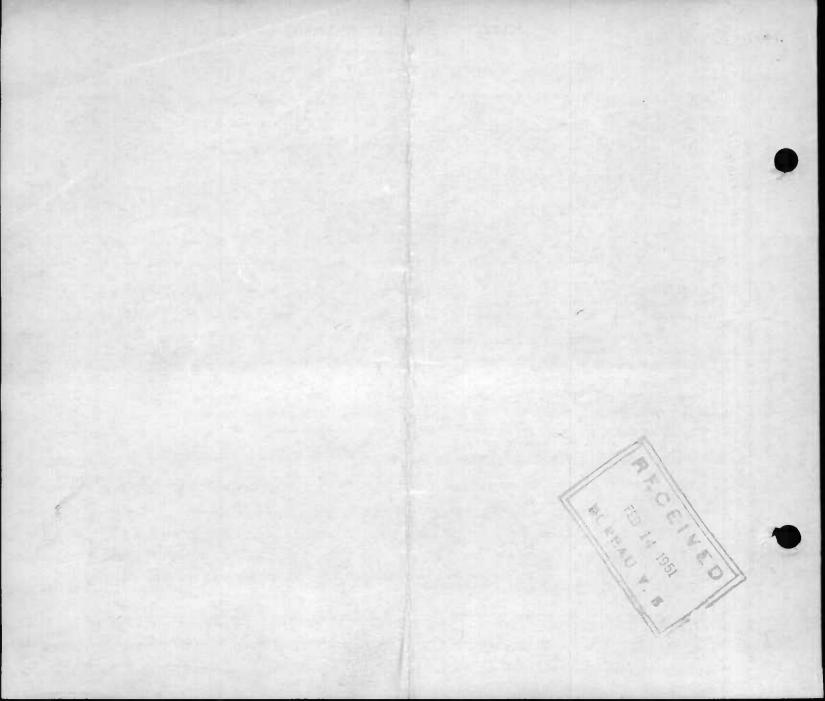
CERTIFICATE OF DEATH

Reg. Dist. No.....

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5	I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED
	COUNTY MARYLAND	STATE TO COUNTY OM
5.1	CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	- Maryland allegany
中	OR given/hrest town/ (in this biace)/	OR CITY (If outside corporate limits, write RURAL and give nearest sown)
4:5	I I I I MA I MILL I MALE	TOWN Olatour.
carel l legi	HOSPITATION OR MILES A Life	STREET (If rural, give location)
20	STREET ADDRESS / LLEGANA NOSATAL	ADDRESS
on c	143 144 144 144 144 144 144 144 144 144	
Z Z	3. NAME OF DECEASED (FigC) . (Middle)	(Last) 4. DATE (Month) (Day) (Year)
information th clearly an	(Type or Print) May 100 (100)	ms DEATH 2/4/5/19
les	5. SEX 6. COLOR ON BACE 7. SINGLE, MARRIED,	
of color	WIDOWED, DWORKED, A	S. DATE OF BIRTH 9. AGE iast birthday If under 1 year If under 24 hrs. Months Days Hours Min.
	While Specify) Wildowed	1 0///2///// / / VIII.
dea	On. USUAL OCCUPATION (Give kind of work) (10). Kind of Resiness OR Kind OR Kin	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
E P	Velley (taller) Vist. Mill Ven, Well Mill	About died (// Country)
item es of	3. FACHER'S NAME	IN. MOTHER'S MAIDEN NAME
- se		m That was a
53	John of allams	1 alinda (ander)
every item ne causes of	(Yes, normal unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS
e e	(10s, defendance) (11 yes, give war of dates of Monte	Marie Carl Navala 12 helias
th		The Car Valley of Umbrigation
Suppl write	18. MEDICAL CEI	
n E	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
	21	
INK. please	Immediate cause (a) Uhae	ma 10 day
INK	331 Immediate cause (a)	A formation of the second of t
B	Antecedent cause(s)	e the second of all the
(b) 29	Diseases or conditions, if any, (b)	Mulionage Fight 4 wills
ZE	O O giving rise to the above cause	A
2.5	stating the underlying cause last	vectoroses 1-
A	(c)	12.13
UNFADING t. Physicians:	II. OTHER SIGNIFICANT CONDITIONS	
first .	Conditions contributing to the death but not related to the disease or condition causing death.	
ויי	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	
田雪	The state of the s	20. AUTOPSY?
E P		Yes No
WITH	21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bidg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
i.i.	SUICIDE OF office bidg., etc.) HOMICIDE INJURY	
LAINLY, WITH U	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
PLAINLY is especially	OF While at Not While	TO IT THE OUT OCCUPY
II.	INJURY m. Work At work	
A Q		- 7 Th D 11
E .	22. I hereby certify that I attended the deceased from	19 1, to that I last saw the deceased
13.19		
WRITE	alive on 19 and that death occurred at	ADDRESS
F	SIGNATURE (Degree or title)	ADDRESS PATE SIGNED
æ	Be of Surveys um-syr	Cumberland VI
K	Curpios .	15/5/
(C)	237 BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	ON OR CREATE TO SEE THE SEE TH
PLEASE	A CREMOVAL (Specify) C / C / C / C / C / C / C / C / C	() () () () () () () () () ()
E	Durial 6/1/31 total Center	Cemeller fort cepter U/11.
3	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	A. PUNERAL DIRECTOR ADDRESS
PI	tel. 6. 1951 Wroter K. Manh M.	Vamila la Marchelle l'alent 110
6	The state of the s	Manufelle Manufelle Ma
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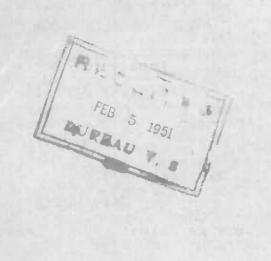
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

I. PLACE OF DEATH. COUNTY Allegany MARYLANI	2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland COUNTYAllegany
CITY (If outside corporate limits, write RURAL and OR give nearest town) 120 1120 118	STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lengening
HOSPITAL OR INSTITUTION OR STREET ADDRESS	ADDRESS Allegany Street
3. NAME OF DECEASED (Type or Print) (Middle)	Atkinsen 4. DATE (Month) (Day) (Year) OF DEATH February 1 151
6. COLOR OR RACE WIDOWED, NIVOR (Special Country)	CED Mar 25, 1864 89 yrs. Months Days Hours Min.
done during 1918 Weath even if retired) 10b. Kind of Busins done during 1918 Weath even if retired)	me Maryland Country U.S.A
13. FATHER'S NAME John Muir	14. MOTHER'S MAIDEN NAME Nary Craig
16. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY (Yes, no, or unknown) (If yes, give war or dates of service)	No. 17. INFORMANT AND ADDRESS Lenacening, Md
18. MEDI	CAL CERTIFICATION
i. Diseases or conditions directly leading to death	e Heart Failure Interval Browner ONGET AND DEATH
Antecedent cause (a) (a)	1 + 1 · 1 - 11> A
Diseases or conditions, if any, (b) giving rise to the above cause	clerote Cardio - Cascular
stating the underlying couse last (c)	to mild himsesters 6 ms.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
190. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERAT	
21. ACCIDENT (Specify) SUICIDE OF office hidg., etc.) INJURY	street, (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Note White Note White At work	
22. I hereby certify that I attended the deceased from	, 1950, to 2/1, 1957, that I last saw the deceased
signatury; 1957, and that death occurre	ed at 1030 p.m., from the causes and on the date stated above. ADDRESS DATE SIGNED
Thul Eugene Dup M.O	Honoconing me 42/51
REMUMAL Schools) W Feb 4, 4551 Hiller	A THE PARTY OF THE PARTY WAS .
TEARER D BY LOCAL REGISTRAR'S SIGNATURE SECONDARY	M. Eichhern Lengeening, Address



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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No 1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY Allegany Allegany MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR give nearest town) 14in Hhis splace) Cumberland TOWN Cumberland HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Hospital STREET (If rural, give location) ADDRESS N. Mechanic St. (First) (Middle) (Last) 4. DATE (Day) (Year) DECEASED (Type or Print) Donald Louis Bagatti DEATH Reb. 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE last birthday II under I year II under 24 En Months | Days | Hours | Min. male white Nov. 7-1943 10a. USUAL OCCUPATION (Give kind of work 10b. KAND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if retired)
Student

13. FATHER'S NAME COUNTRY? Cumberland, Md.
14. MOTHER'S MAIDEN NAME Louis Bagatti Sue Belfoure 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS (Yes, no, or unknown) | (If yes, give war or dates of none Louis Bagatti service) Cumb. Md 18. MEDICAL CERTIFICATION 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Pyonephrosis due to Immediate cause Antecedent cause(s) (b) congenital abnormalities of the urethra Diseases or conditions, if any, giving rise to the shove cause stating the underlying cause last with partial obstruction also ureters. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes No 21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE) PRIMARY OR CONTRIBUTING CAUSE OF DEATH. office hldg., etc.) INJURY TIME (Month) (Day) (Year) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not while INJURY work 22. I certify that I took charge of the remains described above, held an Autopsy *, Inspection *, Inquiry * thereon and from the evidence obtained by said Autopsy, Inspectian or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes *, accident , suicide , homicide , undetermined . SIGNATURE (Degree or title) DATE SIGNED Cumberland, Md. Feb. 26-1951 H.V. Deming M.D. 23. BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) St. Mary's Cem. Cumberland REGISTINAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS

Charles L. George

Cumb. Md.



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of information carefully, death clearly and legibly.

Supply every item write the causes of

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No

I. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED ALGORITHY AGOUNTEN MARYLAND CITY (If outside corporate limits, write RURAL and OR sixe nearest town) LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR give nearest town)
TOWN CUMPET Land (in this place) Cumberland TOWN HOSPITAL OR STREET (If rural, give location) ADDRESS INSTITUTION OR Memorial Hospital Massachusetts Ave. STREET ADDRESS 3. NAME OF (First) (Middle) 4. DATE (Month) (Day) (Year) DECEASED Bealky Frank (Type or Print) DEATH 7. SINGLE, MARRIED, WIDOWED ADIYORGED, (Specify) 6. COLOR OR RACE DATE OF BIRTH 12/25/1868 9. AGE jast birthday | If under I year | If under 24 hrs. Months | Days | Hours | Min. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) CITIZEN OF WHAT e description metal working life, even (tretired) Findering Station COUNTRY? Germany 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jacob Bealky Mary Cohen 15. WAS DECRASED EVER IN U.S. ARMED FORCES? Sadie Bealky 16. SOCIAL SECURITY NO. & Massachusetts Ave. (Yes, hoper unknown) | (If yes, give war or dates of None service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause U50.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes | No 🗆 21. ACCIDENT SUICIDE PLACE (Home, farm, factory, street, (Specify) (CITY OR TOWN) (COUNTY) (STATE) office bldg., etc.) HOMICIDE INJURY TIME (Month) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not While INJURY Work At work 22. I hereby certify that I attended the deceased from Jul-15, 195, to Jul-28, 195, that I last saw the deceased alive on. SIGNATURE (Degree or titie) 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) BULL (Specify) Peter & Paul Cem. Cumberland. Md. DATE REC'D BY LOCAL

PLAINLY, WITH UNFADING sespecially important. Physicians: PLEASE



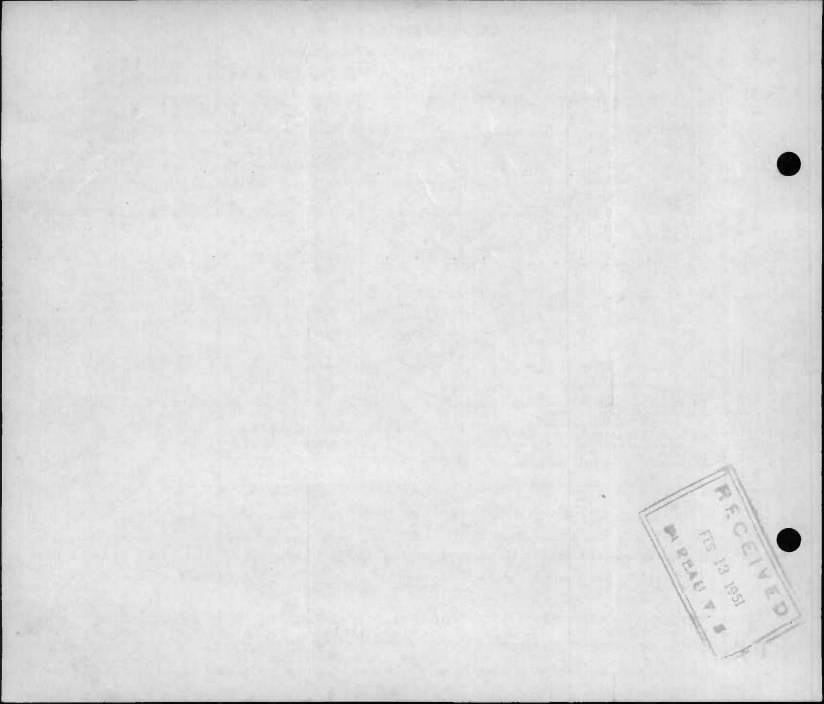
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

I. PLACE OF DEATH.				(HOME) OF DECEAS	COUNTY A 7 7
COUNTY Allegany MARYLAND			STATE Marylar	nd	COUNTY Allegany
CITY (If outside co	rporate limits, write RUR.	AL and LENGTH OF STAY	CITY (If outside corpor		AL and give nearest town)
TOWN TOWN	1801e	(in this place)	TOWN McCoc	le	
HOSPITAL OR INSTITUTION OR STREET ADDRES	Gen. Del. 1	Keyser, W. Va.	STREET ADDRESS Gen.	Del. Keyse	er, W. Va.
3. NAME OF DECEASED	(First)	(Middle)	(Last)	OF We	Ionth) (Day) (Year)
(Type or Print)	David	John	Brederman	DEATH	19) 1
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIO OWER	9-30-1866	9. AGE last birthday	If under 1 year If under 24 hrs. Months. Days Hours Min.
	ATION (Give kind of work	1 10h. KIND OF BUSINESS OR	II. BIRTHPLACE (State	1 2.00	12. CITIZEN OF WHAT
done during most of v	orking life, even if retired)	Birder R.R.Co.	Tyrone, Per	nna.	Country'S A.
13. FATHER'S NAM	E		Mary W		
15. WAS DECRASED EV (Yes, no, or unknown)	TER IN U.S. ARMED FORCES (If year, give war or dates a service)	16. SOCIAL SECURITY No. 213-12-9116	17. INFORMANT AND Maude Schim	ADDRESS minger, Mc	Coole, Md.
		18. MEDICAL CEI	RTIFICATION		INTERVAL BETWEEN
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND DEATH
		11 / /	0		. 1
Immediate	e cause (a)	Heur pa	wws.	***************************************	/ duy.
450, OAnteceden		2 1/10			
		Sampletin	anders	Atresso	
9'7 giving rise to	conditions, if any, (b) the above cause		and the second of the second o	The second secon	**************************************
stating the u	nderlying cause last				
Conditions contribu	CANT CONDITIONS uting to the death but not se or condition causing deat	th.		And a second section of the section	
19a. DATE OF OPE	RATION 19h. MAJOR	FINDINGS OF OPERATION			20. AUTOPSY?
					Yes 🗆 No 🖸
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJ	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN) (COUNTY) (STATE)
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY O	CCUR?	
INJURY	m.	Work At work	1		
22. I hereby certi	ify that I attended th	e deceased from 7.8.3	1, 1957, to Feb	5 , 19.37 , that	t I last saw the deceased
			0		
	10 J., 19 J., ar	nd that death occurred at	ADDRESS	e causes and on th	e date stated above. DATE SIGNED
SIGNATURE		(Degree or title)	ADDIVERS,		DATE SIGNED
THE LEADING		1 Suffm mo	Kyou		Ma
BIREMOVAL (Spec	ATION DATE 2-8-51		int	Keyser	W. Va.
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	24. FUNDRAL DIRECT	OB/	ADDRESS (//
2-8-51	mark	on C. Kelly	1 VIrgenic	Timeral 1	Jone Neyre Wilc



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MARYLAND STATE DEPARTMENT OF HEALTH

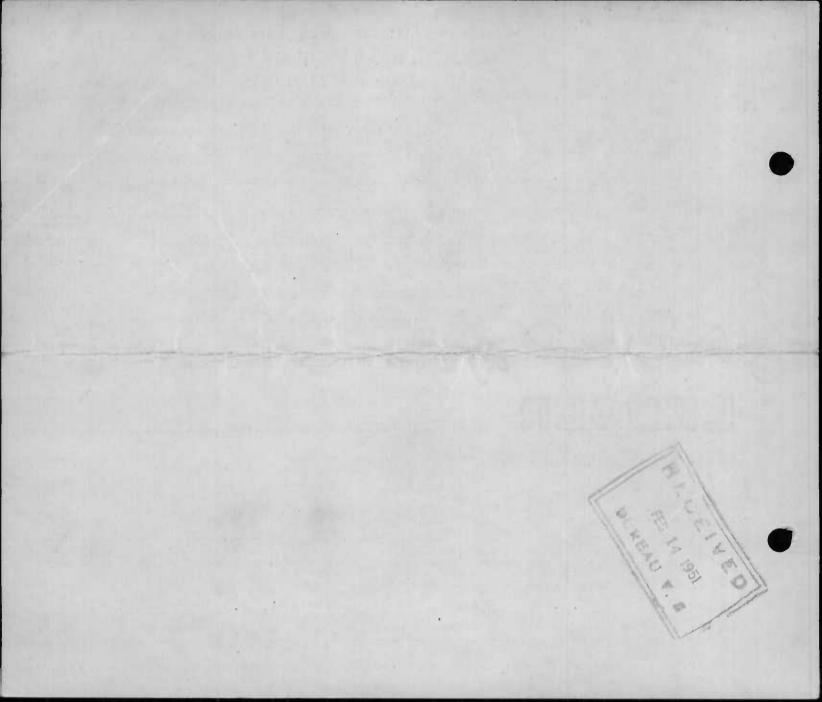
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CERTIFICATE OF DEATH

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	Reg. Dist. N	10
I. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED.	
Allegany MARYLAND	STATE Md. Alle	mantr
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and g	ive nearest town)
_ lown _ Cumperland lb vrs.	OR Cumberland	
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)	
STREET ADDRESS 308.1/2 Howard Place	STREET (If rural, give location) ADDRESS 308.1/2 Howard Place (Least) 4. DATE (Month)	9
3. NAME OF (First) (Middle) DECEASED		(Day) (Year)
(Type or Print) Rose	Brady DEATH Feb.	4 195
5. SEX 6. COLOR OR RACE 17. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE last birthday II under Months	r I year II under 24 hr
female colored WIDOWED, DIVORCED, (Specify) married	Jan. 25-1903 48 yrs. Months	Days Hours Min
10a. USUAL OCCUPATION (Give kind of work 10h KIND OF BUSINESS OF		12. CITIZEN OF WHAT
done during most of working life, even if retired) Involvers Housewife Housewife	Lynchburg Va.	COUNTRY!
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
William Pondexter 15. Was Deceased Even In U.S. Armed Forces? 16. Social Security No.	Alice Wells	-
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes. no, or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS	
no service) none	Reed Brady (husband) Cumbe	erland Md.
18. MEDICAL CE	RTIFICATION	1.
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATE
A A	enilum dun to	
Immediate cause (a) Acute cardiac	Tallure due co	at once
290.0 Antecedent cause(s)		
Diseases or conditions, if any, (b) Pernicious and giving rise to the above cause	em1a	?
120 a stating the underlying cause last		
Gastro-enteri	tis	6 months
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No 1
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF Office bidg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNT)	Y) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Nat while	HOW DID INJURY OCCUR?	
OF While at Nnt while INJURY m. work at work		
		4 4 11
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece	used died on the dry stated above and death in my	from the evidence
from: naturol causes *, accident , suicide , homicide ,	undetermined .	openion realited
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
H W Deminer W D 4//). 'm 7 a	Tak 5	1051
H.V.Deming M.D. H. J. Dame OF CEMETE	mberland, Md. Feb. 5- RY OR CREMATORY LOCATION (City, town, or cou	
REMOVAL (Specify)		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURY	2 Cemetery Comberland	ADDRESS
TREG. T. In to I to A	John J. Hale Cambrella	
ter. 1, 1951 wines 1. granh Mil	John I Hager Cumster ta	nd Teld

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MARYLAND STATE DEPARTMENT OF HEALTH

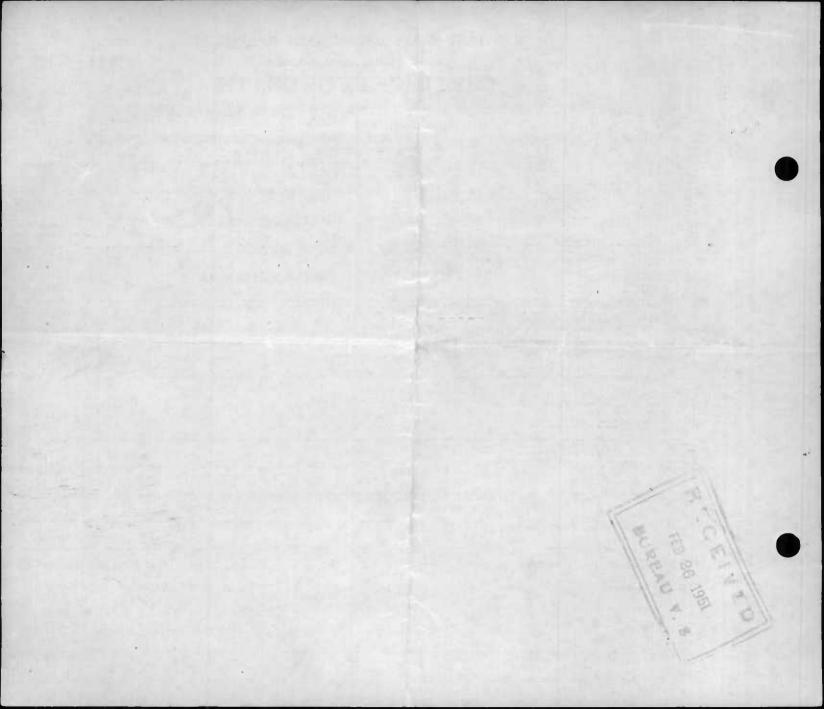
2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No.......

1. PLACE OF DEATH- COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY	llegany
OR give nearest town Barton (in Did place)	ORY CITY (If outside corporate limits, write RURAL and give on Barton, Md.	nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)	
3. NAME OF (First) (Middle) DECEASED (Type or Print) ROY Frances	Broadwater 4. DATE F(Month) 22	Day) (Year)
Male 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED: DIVERCEI	p. S. DATE OF BIRTH 9. AGE last birthday If under Ly Jan. 28, 1951 yrs. Months 28	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	OR 11. BIRTHPLACE (State or foreign country) 12 (CITIZEN OF WHAT
Samuel C. Broadwater	The Ima Bystanick	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	Samuel C. Broadwater, Barton	. Md.
18. MEDICAL	CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate cause (a)	Julleensa	dolys.
11914	Influenza	
Antecedent cause(s)		
Diseases or conditions, if any, (b)	** ***********************************	
stating the underlying cause last		
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?
		Y
21. ACCIDENT (Specify) PLACE (Home, farm, factory, stre	eet, : (CITY OR TOWN) (COUNTY)	Yes No
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7-12.	2/ , 195/, to 7122, 195/, that I last saw	the deceased
alive on 2/22, 19.5, and that death occurred a SIGNATURE	at	d above.
PEBerry Pe	edmont 20-00 2	122/5/1
BREMOVAL (Specify) 2/23/51 Laurel I	Hill Moscow, Md.	
TREGLA 3 1937 Mrs Jense Kelle	Ellsworth S. Boal, Westernpo	rt, Md.
209050311364		



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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

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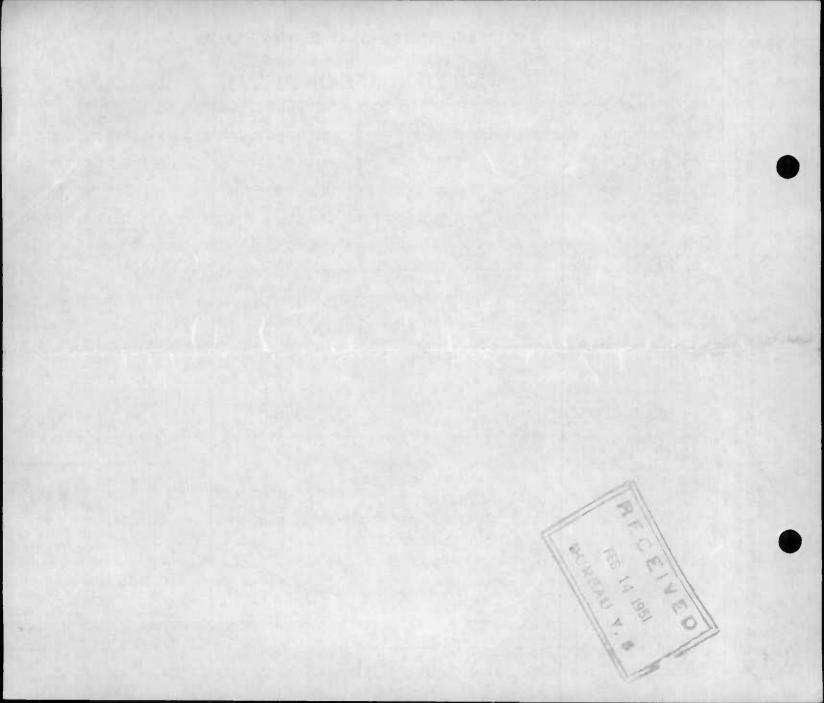
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

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1. PLACE OF DEATH	I•		2. USHAL RESIDENCE (I	IOME) OF DECE		
GOUNTI AILE	29974	MARYLAND	STATE Md	Alleg	COUNTY	
CITY (If outside co	proporate limits, write RUR		CITY (If outside corpora	ate limits, write)RI	JRAL and giv	e nearest town)
OR give nearest	mberland	(in this place)	II CIRC	erland		
HOSPITAL OR			STREET	(If rural, giv	re location)	
INSTITUTION OF STREET ADDRES	s 713 Virgi	nia Ave	ADDRESS 7/3 L	lirginio	AVE.	
3. NAME OF	(First)	(Middle)	(Lest)	14. DATE	(Month)	(Day) (Year)
DECEASED (Type or Print)	Alla	Be	otemarkle	OF	- /	1/
5. SEX	6. COLOR OR RACE				Ce 5	19.5/ 1 year If under 24 hr
F	W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Lydowad	June 18,1868	82 y	Months	Days Hours Min.
	ATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State o	r foreign country)		CITIZEN OF WHAT
HOUSE I	orking life, even if retired)	Own home	Marylan	d		COUNTRY?
13. FATHER'S NAM	E		14. MOTHER'S MAIDEN	NAME		
Jesse	· Wilson		Sarah F.	letcher		
15. WAS DECRASED EV	ER IN U.S. ARMED FORCES		17. INFORMANT AND	ADDRESS		
(Yes, no, or unknown)	(Il yes, give war or dates (service)	None	Wade Brotemark	11		1. 4
		18. MEDICAL CE		ve, 109 30	ringaa	(E)/1
			BITTICATION			INTERVAL BETWEEN
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH	-			ONSET AND DEATE
Towns diete	(a)	rementer et an	Unorleson			nem
Hot & Immediate	cause (*/				***************************************	
Anteceden						
	onditions, if any, (b)		***** *********************************		************	40 00 00 00 00 00 00 00 00 00 00 00 00 0
stating the un	nderlying cause last					
	(e)					
II. OTHER SIGNIFIC	CANT CONDITIONS ting to the death but not					
	e or condition causing deat	ch.				
19a. DATE OF OPER	RATION 19b. MAJOR I	FINDINGS OF OPERATION				20. AUTOPSY?
						Yes No
21. ACCIDENT SUICIDE	(Specify) PLA	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR T	OWN)	(COUNTY)	(STATE)
HOMICIDE	TINI I	JRY				
	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OCC	CUR?		
OF INJURY	m.	While at Not While Work At work				
		V.11	- cu I.L	1. 11		
22. I hereby certi	fy that I attended the	e deceased from	, 195 U, to Fut	, 19, th	at I last se	w the deceased
alive on the	de 14 10 Class	d that death occurred at				
SIGNATURE		(Degree or title)	ADDRESS	causes and on	the date sta	DATE SIGNED
72 7	00 10	2 0 1	1110,0	,000	10	1///
1). M	, shundle	n mi	Il rome 1	unte	Word	1 2/6/51
23. BURIAL, CREMA	TION DATE THERE	OF NAME OF CEMETE	RY OR CREMATORY L	OCATION (City,	own, or county	y) (State)
REMOVAL (Speci	Feb. 7,19	51 Rose Hill Ma	usoleum 1	Eumberla.	nd.	Md,
DATE REC'D BY I			24. FUNERAL DIRECTO		1	ADDRESS
FREG. 4. 19	51 Writes	K. Frank M.D.	John John	Lev Con	udasta.	al rust
=======================================		1	1/	7		1 1-4)



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

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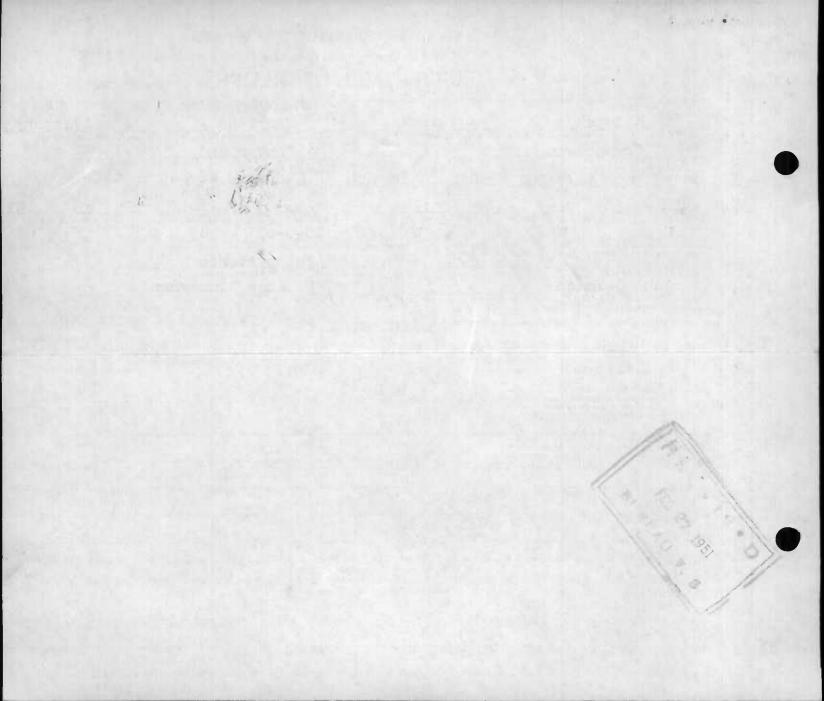
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11:10

	neeg. Dis	
I. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Allegany MARYLAND	STATE Maryland Con	Allegany
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL as	nd give nearest town)
OR give nearest town) TOWN (umberland / mos)	TOWN Cumberland	
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location ADDRESS.	on) () 1 (L
STREET ADDRESS Allegany County Infirmary	ADDRESS 14	10 Talk Spen
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Mary Ellen	Casev DEATH 2	16 1957
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday If u	nder I year If under 24 hr
I mall While (Specify) Webwed		nths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT
13. FATHER'S NAME WAY HOME	Pennsylvania	Destec.
	14. MOTHER'S MAIDEN NAME	
John Coléman	Rebecca Zimmerman	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no. of unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS	/ `
(d) Iservice) TWAL	allesany County Infl	rmasy
18. MEDICAL CEI	RTIFICATION	Townson D
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	9	INTERVAL BETWEEN ONSET AND DEATH
Service of the servic	er Palemenica.	2 Para
Immediate cause (a)	oc vaccacourus	A cays
Antecedent cause(s)	3-11.1	7
Diseases or conditions, if any, giving rise to the above cause	San	2723.
stating the underlying cause last		/
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		
198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR MOVED)	Yes No
SUICIDE OF office bldg., etc.)	(CITY OR TOWN) (COUN	ITY) (STATE)
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	: I HOW DID INJURY OCCUR?	
OF While at Not While	HOW DID INSULT OCCUR.	
7	10	
22. I hereby certify that I attended the deceased from Lague, 22	195/ to 725. 16 195/ that I la	st saw the deceased
alive on The 1991, and that death occurred at SIGNAPURK (Degree or title)	25 p.m., from the causes and on the dat	e stated above.
1/4// 1/0, 11 - 1	61161	DATE SIGNED
(cotour f. Jould h. D. 110		2-17-5/
23. BUHIAL, CREMITION DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or	county) (State).
(XXXX4) 300.17, 1701 ST Shaw	is Cem. Thomas W.	la.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1. 10, 1951 willes K. grant, 11.2.	games Jeni Mc. (4	mb. Md.



every item of information carefully. e causes of death clearly and legibly. Supply e INK. , WITH UNFADING important. Physicians: PLAINLY, especially i

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WRITE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No..... I. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. STATE COUNTY COUNTY Allegany Maryland Allegany MARYLAND LENGTH OF STAY CITY (If outside corporate limits, write RURAL and CITY (If outside corporate limits, write RURAL and give nearest town) OR give nearest town) (in this kolace) Cumberland Route TOWN STREET (If rural, give location) HOSPITAL OR INSTITUTION OR ADDRESS Memorial Hospital Frostburg. STREET ADDRESS (First) (Middle) (Last) 4. DATE (Month) (Day) 3. NAME OF (Year) DECEASED OF Feb. 2 1951 CATON CHARLES DEATH (Type or Print) 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MATTIED 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE last birthday | If under 1 year | If under 24 hrs. Months. | Days | Hours | Min. white male 10a. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT dereduring most of working life, even if retired) Grocerv COUNTRY? USA store Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Laura Garlitz Charles Caton 15. WAS DECRASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS (Yes, metor unknown) | (If year, give war or dates of Mrs. Earl Caton. Rt. 2. Frostburg pervice) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause (b)... stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes 🗆 No O PLACE (Home, farm, factory, street, (CITY OR TOWN) 21. ACCIDENT (Specify) (COUNTY) (STATE) SUICIDE OF office bldg., etc.) INJURY HOMICIDE HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) INJURY OCCURRED (Hour) While at Not While INJURY Work 22. I hereby dertify that I attended the deceased from L. In., from the causes and on the date stated above NATE SIGNED, and that death occurred at 19 alive on. ADDRESS (Degree or title) SIGNATURE E. BURIAL, CREMATION NAME OF CEMETERY LOCATION (City, town, or county) DATE OR CREMATORY (State) BULLA (Specify) -3-51 Johnson's Garrett County Cemeterv Md. ADDRESS Md. DATE RECED BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Frostburg, J. R. Durst.



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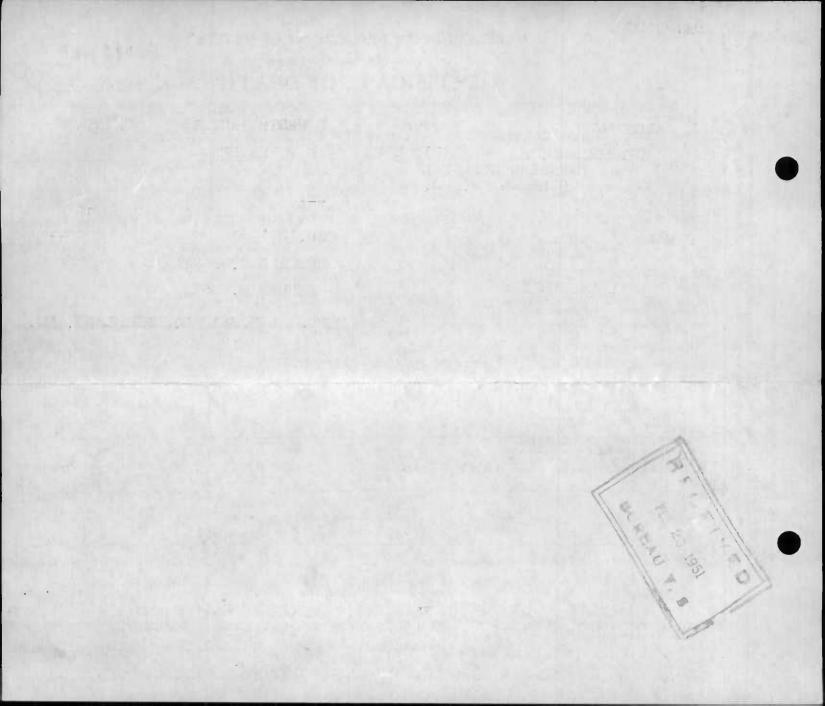
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

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1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED-
COUNTY MARYLAND MARYLAND	STATE WEST VIRGINIA COMPANT
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside prograte limits, write RURAL and give nearest town)
TOWN Give appress town TOWN CUMBERLAND MD. (in this place)	S TOWN PETERSBURG
HOSPITAL OR MEMORIAL HOSPITAL	STREET (If rural, give location)
3. NAME OF (First) (Middle)	(Last) 7 - 14 DATE (Month) (Day) (Vess)
DECEASED (Type or Print)	CRITES - Juris DATE (Month) (Day) (Year)
5. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	1 8. DATE OF BIRTH 1 9. AGE last birthday If under 1 year IIf under 24 hr
FEMALE WHITE (Specify) know	FEB.12.1951 yrs. Months Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during meetof working life, even if retired) INDUSTRY	CUMBERLAND, MARYLAND
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
THOMAS CRITES	BEULAH M. OURS
13. FATHER'S NAME THOMAS CRITES 15. Was Decrased Ever In U.S. Armed Forces? (Yes, no of unknown) (If yes, give war or dates of learning to the service)	17. INFORMANT AND ADDRESS
	MEMORIAL HOSPITAL CUMBERLAND MD
	RIFICATION
18. MEDICAL CE	INTERVAL BETWEEN ONGET AND DEATH
	Wen 11 1/2 hrs
776 x Immediate cause (a) 7 remainder 2	
Antecedent callee(s)	
Diseases or conditions, if any, (b)	
giving rise to the above cause atating the underlying cause last	
(c)	
Disease or conditions, if any, (b)	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes D No
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, atreet, office bidg., etc.) OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 10b. MAJOR FINDINGS OF OPERAT	
SUICIDE (VO OF office bldg., etc.)	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While INJURY m. Work At work	
8 F-04-1	12 -1 FORTATI
22. I hereby certify that I attended the deceased from	19 5, to 19 5, that I last saw the deceased
alive on tel. 19.5, and that death occurred at	im., from the causes and on the date stated above.
SIGNATURE (Degree or title)	APPRESS DATE SIGNED
IN My Hoolder	1 . M () C & d u d) Md. 2/40/m
co.il their fell	Constant de de la la dittal
REMOVAL (Specify)	RY OR CREMATORY LOGATION (City, town, or county) . (State)
Durial Teb. 13, 193 / Maple Hell	Cemelery Velesturg, Coest Perginia
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR CALL ADDRESS
Tet. 12, 1951 Wrules R. grang, 711.2.	1. C. Mrush John, felesstrusg."
01010100200	



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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information caref

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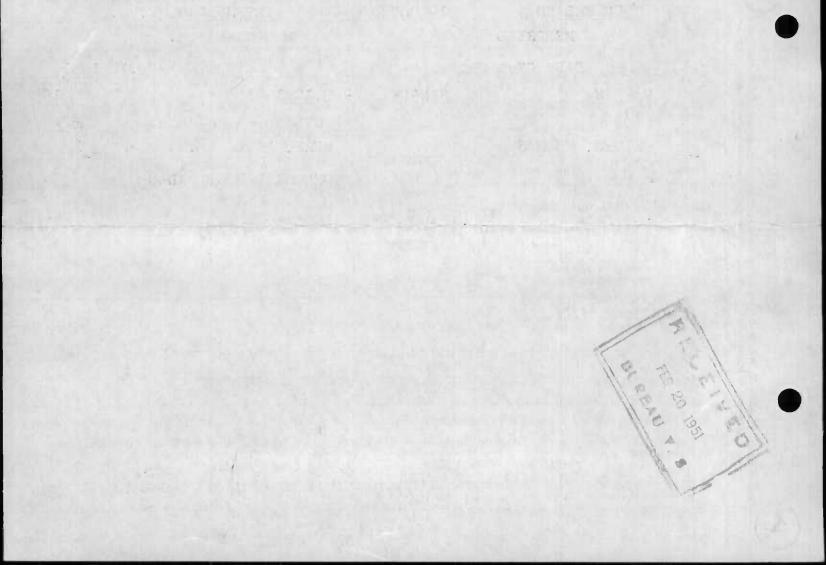
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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	CERTIFICAT	TE OF DEATH	Reg. Dist. N	o
1. PLACE OF DEATH		2. USUAL RESIDENCE (HO	- COTTATE	v
COUNTY ALLEGANY	MARYLAND	11.	T CO. COUNT	
OR give nearest town TOWN	D LENGTH OF STAY	TOWN PETER	SBURG. W.VA.	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEM	ORIAL Raspital	STREET	(If rural, give location)	
3. NAME OF (First) DECEASED (Type or Print) BABY	GIRL CRITES - Lu	(Last)	4. DATE (Month) OF DEATH FEB. 12.	(Day) (Year) 1951 19
5. SEX 6. COLOR OR W	WIDOWED DIVORCED, (Specify) INGLE	8. DATE OF BIRTH 9. FEB. 12. 1951	AGE last hirthday If under Months	Days Houg Min.
10a. USUAL OCCUPATION (Give kin done during most of working life, even l	d of work 10h Kind of Business on I retired) Industry	MARYLAND, Cu		2. CITIZEN OF WHAT
CRITES, THO	MAS	OURS, BEULA	H M.	
15. Was Decrased Ever In U.S. Abmi (Yes, no, or usknown) (If yes, give war 	or dates of	MEMORIAL HO		
	18. MEDICAL C			
1. DISEASES OR CONDITIONS DIF	RECTLY LEADING TO DEATH	e their		INTERVAL BETWEEN ONSET AND DEATH
776× Immediate cause	(a)			
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause is			#8-0007	
	(e)			1
11. OTHER SIGNIFICANT CONDIT Conditions contributing to the death related to the disease or condition ca	but not			
19a. DATE OF OPERATION 19b.	MAJOR FINDINGS OF OPERATION			20. AUTOPSY!
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TO	WN) (COUNTY)	Yes No (STATE)
TIME (Month) (Day) (Year) OF INJURY	(Hour) INJURY OCCURRED While at Not While m. Work At work	HOW DID INJURY OCCU	R?	
alive on 2 , 19 SIGNATURE O 23. BURIAL, CREMATION DATE DEMOVAL (Specify) 2	nded the deceased from Z	ADDRESS m., from the ca	ATION (City, town, or count	ated above. DATE SIGNED 2//3/5/
212121214281	V - 1.5	1		



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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

THE LOS OF THE WAY	
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
MARYLAND MARYLAND	manyland allogan
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RUBAL and give nearest town)
OR give negted town (in this place)	TOWN Changles
HOSPITAL OR	
	ADDRESS (If paral, give location)
STREET ADDRESS 3/4 Columba J.	314 Columba St. m.
3. NAME OF (First) (Middle)	(Last) (A. DATE (Mooth) (Day) (Year)
DECEASED 73	OF
(Type or Print)	Ouller DEATH 2 26 1951
5. SEX ROR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED.	8. DATE OF BIRTH 9. AGE last hirthday If under 1 year II under 24 hr
Male While (Specify) Ling (e)	62-9-1902 48 yrs. Months Days Hours Min.
10a. VSUAL OCCUPATION (Give kied of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	GOUNTEY?
13. FATHER'S NAME	Casters Ma. H. 13, 4.
13. FATHER'S NAME TO LI	14. MOTHER'S MAIDEN NAME
Vinol, Cullen	1 Sanday Donature
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT, AND ADDRESS 3 14 Cold la st
(Yes, no or unknown) (If yes, give war, or dates of	21 Pyguat
yes leervice) World had I	1 gos unener lenter
18. MEDICAL CEI	RTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN
A DESCRIPTION OF THE PROPERTY	ONSET AND DEATH
· · · · · · · · · · · · · · · · · · ·	- of tandson
Immediate cause (a)	Of What all all a
Antocodent connec(a)	
Antecedent cause(s) Diseases or conditions, if any, (b)	
giving rise to the above cause	15 1 1 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1
stating the underlying cause last	
(c)	
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not	
related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
aug 11 1950 Carcinoma	of the ancreas
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.)	(SIAIL)
HOMICIDE INJURY	Y
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?
INJURY m. Work At work	
1110	
22. I hereby certify that I attended the deceased from	1910 to tek 26 1917 that I lost saw the deceased
- 0 - 1	
alive on	ADDRESS DATE SIGNED
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
and - said	7 10 () SIGNED
Will land Ind	MATTHERS md 7-26-51
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	DY OF CREMATORY I MOCATION (No.
	RY OF CREMATORY COCATION (City, town, or county) (State)
13 years 2-28-1751 J. Pfu	charloteny Trestleso Jud
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR / ADDRESS ,
TRUC. 27 1951 / Shorter & Noute MA	la who Wa do cuttinenth
Jeri of the women to allent, Mills	Lace - 10 des 10 sommed HO.
	1 15000



The correct age

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

	neg. Dist. 110	•
1. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED.	
H//egani/ MARYLAND	STATE Md Allegany	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RERAL and giv	e nearest town)
OR give nearest town) TOWN Thurs Cumber and (in this place)	OR TOWN Rural Cumberland	
HOSPITAL OR	STREET (If rural, give jocation)	1 74
INSTITUTION OR STREET ADDRESS Williams Road Kr. #>	ADDRESS Williams Road, K.	1 # 2
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(D-1)
DECEASED (Type or Print) Belinda A.	7) //. OF	(Day) (Year)
	S. DATE OF BIRTH 9. AGE iast birthday II under	
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	Oct, 5, 1893 57 yrs. Months	Days Hours Min
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT
done during most of working iffe, evon if retired) INDUSTRY	near Petersburg, W.Va.	COUNTRY 3 H
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Frank Nelson	Mary Jone Shreve	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	Mary Jane Shreve	
(Yes, no, or unknown) (If yes, give war or dates of service)	Irad Dolly, Williams Rd., Combe	aland MI
18. MEDICAL CE		riana, ild.
	RIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	mala a -1/t	ONSET AND DEATE
(hronic	myocardeles	7 41007
Immediate cause (a)	· · · · · · · · · · · · · · · · · · ·	10000
Antecedent cause(s)	Perasia	04/1/ 11
Diseases or conditions, if sny, (b)		-12/
giving rise to the above cause stating the underlying cause last	5 . 11 +	-3
(c) despers	mellities	211
II. OTHER SIGNIFICANT CONDITIONS		, , , ,
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		1 20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bidg., etc.)	(000111)	(STATE)
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While	10 11 212 114011 000011	
INJURY m. Work At work		
22. I hereby certify that I attended the deceased from 217	, 1951, to let 28, 195 , that I last se	the decemend
alive on, 19, and that death occurred at	m., from the causes and on the date sta	ted above.
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
K. Wiolawaskis Se Inn	nourland Mid	3/2/51
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or count	y) (State)
REMOVAL (Specify) March 2,1951 Glendale Bro		Mal
DATE REO'D BY LOCAL REGISTBAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1859 ch 2 1051 Mater & Aranto M.	18.14.1.1	1 711
KIMINA 1921 MINA A GIMIND III N.	the til the company	my Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. . Q.

1. PLACE OF DEATH-			2. USUAL RESIDENCE (HOME) OF DECEASED.			
	Allegany	MARYLAND	STATE Maryla	nd CC	DUNTY Allegany	
CITY (If outside co	orporate limits, write RUR.	AL and LENGTH OF STAY	CITY (If outside corpor	nte limits, write RURAL	and give nearest town)	
OR give nearest TOWN	town) Lonaconing	(in this place)	Town Lona	coning		
HOSPITAL OR			STREET	(If rural, give locat	ion)	
INSTITUTION OF STREET ADDRES	R SS		ADDRESS			
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Mont)	Day) (Year)	
DECEASED	Mary	E	Donald	OF DEATH Febru	(()	
(Type or Print) 5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED.	8. DATE OF BIRTH			
Female	White	WIDOWED DIVORCED. (Specify) WIDDOWED	June 16,1890	60 M	under 1 year If under 24 hrs onths Days Hours Min.	
	ATION (Give kind of work	10b. Kind of Business or	11. BIRTHPLACE (State	y 18. 1		
done during most of w	yorking life, evon if retired)	INDUSTRY Home			12. CITIZEN OF WHAT	
		Own Home	Maryland		U.S.A	
13. FATHER'S NAM			14. MOTHER'S MAIDEN			
	Arnold Dawson	1	l unk	nown		
	VER IN U.S. ARMED FORCES		17. INFORMANT AND	ADDRESS		
(1es, no, or unknown)	(If yes, give war or dates of service)	2	Mrs Mill	ard Bradley	Lonaconing, Md.	
		18. MEDICAL CE				
I DIGELORG OF CO	MDITIONS DIRECTLY	VEADING TO DEATH			INTERVAL BETWEEN	
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH	1 ~1 1		ONSET AND DEATH	
Y 31 4.	(a)	maleanen	of Clarate.		4-6 ms.	
Immediate	e cause	- range			1.0/10,	
Anteceden	it cause(s)	2 . 0	1-1-	0 /	11.	
Diseases or c	conditions, if any, (b)	Juman Va	so. Chyron	I tumor	years.	
giving rise to	the above cause inderlying cause isst		0			
	(c)					
11. OTHER SIGNIFI						
	iting to the death but not se or condition causing deat	h				
		INDINGS OF OPERATION			20. AUTOPSY?	
n In						
21. ACCIDENT	(Specify) PLA	CE (Home, farm, factory, street,	(CITY OR	COMPO (COM	NTY) (STATE)	
SUICIDE HOMICIDE	love OF	office bldg., etc.)	CITTOR	(600	NTY) (STATE)	
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OC	CUR?		
INJURY -	m.	While at Not While Work At work	'			
			· MA al-	.1 1		
22. I hereby certi	ify that I attended the	e deceased from	, 197 J, to 2 2	4, 1957., that I i	ast saw the deceased	
. 2	In V col	141 4 1 41	- 70			
alive on	t, 195, an	d that death occurred at	ADDRESS	causes and on the da	ite stated above.	
SIGNATURE		(Degree of title)	ADDRESS		DATE SIGNED	
Taul Es	value Tu	re. 111D.	Long 100	une ml	2/20/11	
23. BURIAL, CREM	ATION DATE THERE	NAME OF CEMETE	RY OR CREMATORY 1	LOCATION (City, town, or	county) (State)	
REMOVAL (Spec	Ify) Feb 27.	1951 Laurel Hill		Moscow	Md	
DATE MEC'D BY I			24. FUNERAL DIRECTO		ADDRESS	
GREGUL 77	19 M /2 11 15	em Gool	M.Eichhorn	Lonaco		
4100 4-19	1 / Julian		1 11 DI CITIOI II	Lonace	January 3	

The correct age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

WECETAR

Supply every item of information carefully. write the causes of death clearly and legibly.

Evidence for addition in #18 shown on:

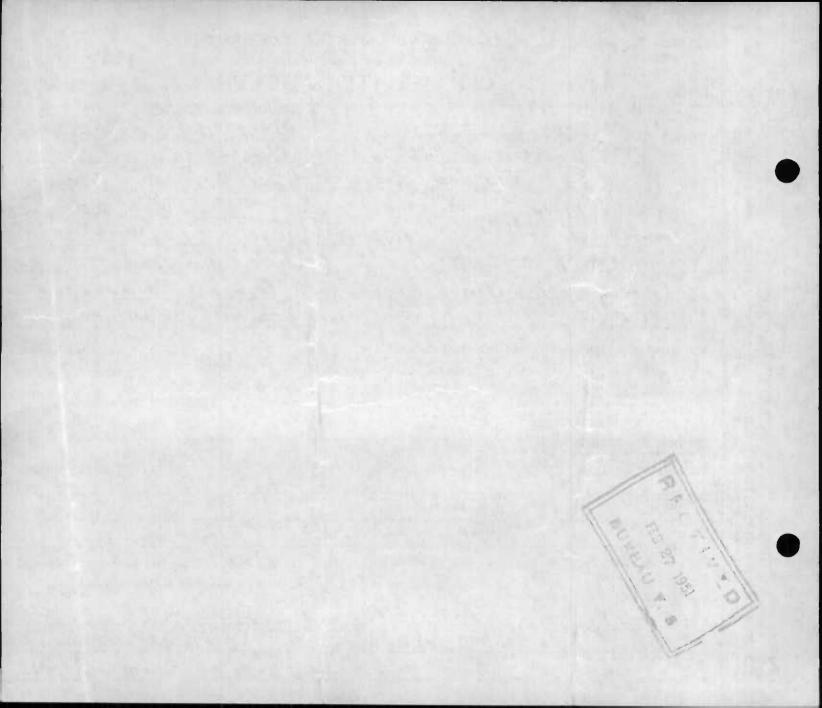
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICAT	TE OF DEATH Reg. Dist. 1	va 4
131 MAR 5 1951		
1. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED.	TY0 //
CITY (If outside corporal limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and	HILEBONY
TOWN Give nearest town) Cymberland (in this place)	TOWN Cumberland	ive monte town,
HOSPITAL OR	STREET (If rural, give location)	4
STREET ADDRESS & 30 BOILIMORE 130C	about 230 Baltimore	HVENUE
3. NAME OF (First) (Middle) DECEASED (Type or Print) Mary Mark over	(Last) 4. DATE (Month) OF	(Day) (Year)
(Type or Print) 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	S. DATE OF BIRTH 9. AGE last birthday If under	or I year If under 24 h
Femole White WIDOWED, DIVORCED, (Specify) Widowed		Days Hours Min
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT
done during post of driche dife, even if retired) Cippustry Dining Room		U.S.A
13. FATHER'S NAME	Ledh Frances Richa	rd son
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No.	17. INFORMANT AND ADDRESS	
(Yes, no, grynknown) (If yes, give war or dates of None	John O. Durst - 230 Balto	Ave., Comb.
18. MEDICAL CE	RTIFICATION	Transport Barrers
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate cause (a)	of the Cervix.	10150
1717	(3/5/51 - ams)	
Antecedent cause(s) H & a Diseases or conditions, if any, (b)		
giving rise to the above cause stating the underlying cause last		
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No E
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., otc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY	Y) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
22. I hereby certify that I attended the deceased from 2/17	1951 to 2/2 1951 that I last	saw the deceased
alive on 2// , 195 , and that death occurred at SIGNATURE (Degree or title)	47.Pm., from the causes and on the date a	DATE SIGNED
1/2 - Madan . M.D 126/1	a- 11 d. 1.1. 1 mal	0/
23 BURIAL CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or cou	2/2/5/ inty) (State),
REMOVAL (Specify) Fob. 23, 1951 Ookland		naryland
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
THAT, IS. 1951 VIIIMINAK MAMA TII. D.	JOHN J. HATEV. LUMDEY	1040, 1111

MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH UNFADING INK. is especially important. Physicians: please



correct

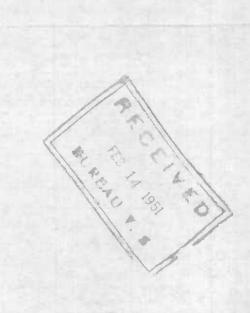
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

I. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY STATE WEST VIRGINIA Allegany MARYLAND of information carefully. death clearly and legibly. CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) (in this place) OR give nearest town) TOWN Cumberland days TOWN PETERSBURG STREET (If rural, give location) INSTITUTION OR ADDRESS MEMORTAL HOSPITAL STREET ADDRESS 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED WADTER (Type or Print) EVANS FEB. 51 DEATH 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE last birthday | If under 1 year | If under 24 hrs. Months | Days | Hours | Min. MALE With Mary 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OF 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired) 12. CITIZEN OF WHAT INDUSTRY oly every item COUNTRY? IS. FATHER'S NAME WEST VIRGINIA 14. MOTHER'S MAIDEN NAME JOHN EVANS JANE KEPLINGER 15. WAS DECRASED EVER IN U.S. ARNED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS (Yes, ro, of unknown) | (If yes, give war or dates of service) MEMORIAL HOSPITAL Suppl write 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH INK. Immediate cause Antecedent cause(s) , WITH UNFADING important. Physicians: Diseases or conditions, if any, (b). giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes | No 19 21. ACCIDENT PLACE (Home, farm, factory, street, OF office bldg., etc.) (Specify) (CITY OR TOWN) (COUNTY) (STATE) SUICIDE HOMICIDE INJURY PLAINLY, is especially TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not While INJURY Work At work | 1950, to 4 fel., 195/, that I last saw the deceased 22. I hereby certify that I attended the deceased from I lag. alive on 4 F. 7:02 Pm., from the causes and on the date stated above. 195 /..., and that death occurred at..... WRITE SIGNATURE (Degree or title) 23. BURIAL, CROM TRON PLEASE DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) M. Va . Granet DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS



MARGIN RESERVED FOR BINDING

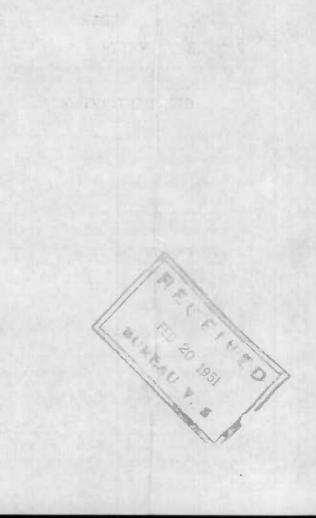
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

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0				Og. 201011 1101.,		
The	1. PLACE OF DEATH- COUNTY ALLEGANY MARYLAND	2. USUAL RESIDENCE (STATE NNSYLVA	HOME) OF DECE	ASED. COUNTY	SOMERSET	
ully.	ALLEGANY CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR Give negrect town) AND MARYLAND TOWN COMBERCIA AND MARYLAND 3(in this place)	CITY (If outside corpor OR	rate limits, write R	URAL and give :		
on carefully.	HOSPITAL OR MEMORIAL HOSPITAL INSTITUTION OR NEMORIAL HOSPITAL STREET ADDRESS CUMBERLAND, MARYLAND,	STREET ADDRESS 220	SDALE CENTRE	ye location)	v	
ation ly ar	3. NAME OF (First) (Middle) DECEASED	(Last) NEGAN	4. DATE OF		Day) (Year)	
of information eath clearly an	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED.	8. DATE OF BIRTH	9. AGE last birth	REB.	1951 ear If under 24 hrs. Hours Min.	
	done during most of working hie, even if retired) IND STRY,	9/29/1906 II. BIRTHPLACE (State	44 3	TH. 12. (CITIZEN OF WHAT	
every item te causes of d	13. FATHER'S NAME	PENNA, 7/10	1	11	wu.	
very	GUS. DAMICO 15. Was Decrased Ever in U.S. Armed robuss? 16. Social Security No. (Yes, no. of unknown) (If yes, give war or dates of	NOT KNOV	ADDRESS	Cura	a	
Supply e		RTIMEMONIAL HO	SPITAL, C		Ф,М	
Sup write	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	tiva Co	0.		ONSET AND DEATH	
INK.	572, 2 Innieurate tauso	W2/0	u -	>		
NG 1	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	000°	মান ক্রমান্ত্রাক্তাক্ত করা এই বার্চন করা বিশ্ব করা			
ADI	stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS					
t. Ph	Conditions contributing to the death but not related to the disease or condition causing death.					
WITH UNFADING important. Physicians:	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION				Yes No D	
	21. ACCIDENT (Specily) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR		(COUNTY)	(STATE)	
WRITE PLAINLY is especially	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m, Work At work	HOW DID INJURY OC	CUR?			
PLAI s espe	22. I hereby certify that I attended the deceased from 21/1/2, 195/, to 21/5, 195/, that I last saw the deceased					
ITE	alive on	ADDRESS) from the	causes and on	the date state	ed above.	
	117. Milliamo D	oz). Cun	be for	I mil	2/15/2	
PLEASE	235 BURIAL CREMATION DATE THEREOF NAME OF CEMETER PREMOVAL (Specify) Let 19, 1951 Sha hellis	A CREMATORY I	Meuelso	ale len	nsulvenia.	
PLE	THE REC'D BY LOCAL REGISTRAR'S SIGNATURE.	FUNERAL DIRECTO	Meyersk	ales fo	ADDRESS	
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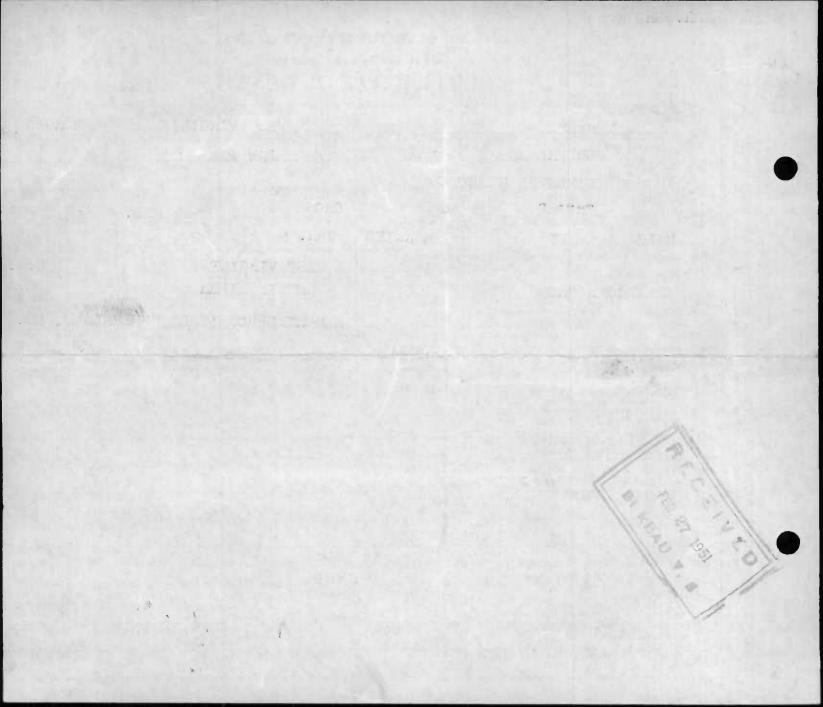
The correct age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

COUNTY	I·		2. USUAL RESIDENCE		
	EGANY	MARYLAND	STATE WEST	VIRGINIA COUN	TY MORGAN
CITY (If outside co	rporate limits, write RUR.	AL and LENGTH OF STAY	CITY (If outside corpe	orate limits, write RURAL and	give nearest town)
OR give nearest	CUMBERLAND	HIT DAYS.	OR TOWN PAW	PAW	
HOSPITAL OR			STREET	(If rural, give location)	
INSTITUTION OR STREET ADDRES	S MEMORIAL H		ADDRESS		V
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	BERNARD	C	GROSS	DEATH FEB.	22 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birthday If und	er 1 year If under 24 hrs.
MALE	WHITE	(Specify) MARRIED	JAN . 9 188	7 65 yrs. Month	Days Hours Min.
10a. USUAL OCCUPA	ATION (Give kind of work	10b. KIND/ OF BUSINESS OR	II. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT
done during most at wo	orking life, even if retired)	Legistore Lue Co	WEST VIKO	TNTA	COUNTRY? U.S.
13. FATHER'S NA II		The way said	14. MOTHER'S MAIDE		0.00
ALEYAND	DER GROSS	0	NETTIE 2	ZILER	
15. WAS DECRASED V	ER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS	
(Yes, no or unknowu)	(If yes, give war or dates of	732-10-4838	1		CIM CIMATE
10.	(service)		MEMORIAL HO	DSPITAL CUMBE	RLAND, MD.
		18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND DEATE
		1	a puelos		1 2200
150x Immediate	cause (a)	Carcinoma Curliac	of all	rue ar	
Anteceden	t couge(s)	Curdial	Jend Og 11	comach	
/// Diseases or co	onditions, if any, (b)				
giving rise to	the above cause	***************************************	*****	**************************************	2
stating the un	nderlying cause last				
THE OPHICA CLONING	(c)				
THE OPHICAL CHANNEL	(c)	appendice	al alicees		2-mov.
11. OTHER SIGNIFIC Conditions contribut related to the disease	(c) CANT CONDITIONS ting to the death but not se or condition causing deat	h. aggendice	el alicees		2-more.
11. OTHER SIGNIFIC Conditions contribut related to the disease 19a. DATE OF OPER	(c) CANT CONDITIONS ting to the death hut not se or condition causing deat RATION 19b. MAJOR F	INDINGS OF OPERATION			2-mose.
11. OTHER SIGNIFIC Conditions contribut related to the disease 19a. DATE OF OPER 2 - /2 - 6	(c) CANT CONDITIONS ting to the death hut not se or condition causing deat RATION 19b. MAJOR F	noma eco y/	igue & Pton	rach	Yes No
11. OTHER SIGNIFIC Conditions contributed to the disease 19a. DATE OF OPER 2 - /2 - 6 21. ACCIDENT SUICIDE	(c) CANT CONDITIONS ting to the death but not se or condition causing deat RATION 19b. MAJOR F (Specify) PLA	CE (Home, farm, factory/street, office bldg., etc.)	igue & Pton	rach	Yes No
11. OTHER SIGNIFIC Conditions contribut related to the disease 19a. DATE OF OPER 2 - /2 - 6 21. ACCIDENT SUICIDE HOMICIDE	(c) CANT CONDITIONS ting to the death but not see or condition causing deat RATION 19b. MAJOR F (Specify) PLAM OF	CE (Home, farm, factory afreet, office bldg., etc.)	Cumberl	TOWN) (COUNT	Yes No
11. OTHER SIGNIFIC Conditions contributivelated to the disease 19a. DATE OF OPER 2 - /2 - 6 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF	(c) CANT CONDITIONS ting to the death but not se or condition causing deat RATION 19b. MAJOR F (Specify) PLA	CE (Home, farm, factory afreet, office bldg., etc.) INJURY OCCURRED While at Not While	igue & Pton	TOWN) (COUNT	Yes No
11. OTHER SIGNIFIC Conditions contribut related to the disease 19a. DATE OF OPER 2 - /2 - 6 21. ACCIDENT SUICIDE HOMICIDE TIME (Month)	(c) CANT CONDITIONS ting to the death but not see or condition causing deat RATION 19b. MAJOR F (Specify) PLAM OF	CE (Home, farm, factory afreet, office bldg., etc.) JRY INJURY OCCURRED	Cumberl	TOWN) (COUNT	Yes No
11. OTHER SIGNIFIC Conditions contributive related to the disease 19a. DATE OF OPER 2 - /2 - 6 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF INJURY	(c) CANT CONDITIONS ting to the death but not se or condition causing deat RATION 19b. MAJOR F (Specify) PLA OF INJU (Day) (Year) (Hour) m.	CE (Home, farm, factory afreet, office bldg., etc.) RY INJURY OCCURRED While at Not While Work At work	Cumbent How DID INJURY O	TOWN) (COUNT Cond allegos	Yes No (STATE) Y) (STATE) y M or flood
11. OTHER SIGNIFIC Conditions contribut related to the disease 19a. DATE OF OPER 2 - /2 - 6 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF INJURY 22. I hereby certifications are considered to the contribution of the contribut	(c) CANT CONDITIONS ting to the death but not se or condition causing deat RATION 19b. MAJOR F (Specify) PLA OF INJI (Day) (Year) (Hour) m.	CE (Home, farm, factory/street, office bldg., etc.) INJURY OCCURRED While at Not While Work At work e deceased from 2.13	Combent How DID INJURY O	TOWN) (COUNT COURT COURT) 22, 1951, that I last	Yes No No (STATE) Y) (STATE) Y M on flow
11. OTHER SIGNIFIC Conditions contribut related to the disease 19a. DATE OF OPER 2 - /2 - 6 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF INJURY 22. I hereby certifications are considered to the contribution of the contribut	(c) CANT CONDITIONS ting to the death but not se or condition causing deat RATION 19b. MAJOR F (Specify) PLA OF INJI (Day) (Year) (Hour) m.	CE (Home, farm, factory/street, office bldg., etc.) INJURY OCCURRED While at Not While Work At work e deceased from 2.13	Combent How DID INJURY O	TOWN) (COUNT COURT COURT) 22, 1951, that I last	Yes No No (STATE) Y) (STATE) Y M on flow
11. OTHER SIGNIFIC Conditions contributive related to the disease 19a. DATE OF OPER 2 - /2 - 6 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF INJURY	(c) CANT CONDITIONS ting to the death but not se or condition causing deat RATION 19b. MAJOR F (Specify) PLA OF INJI (Day) (Year) (Hour) m.	CE (Home, farm, factory afreet, office bldg., etc.) RY INJURY OCCURRED While at Not While Work At work	Combent How DID INJURY O	TOWN) (COUNT COURT COURT) 22, 1951, that I last	Yes No No (STATE) Y) (STATE) Y M on flows saw the deceased
11. OTHER SIGNIFIC Conditions contribut related to the disease 19a. DATE OF OPER 2 - /2 - 6 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF INJURY 22. I hereby certiful alive on 2 - 1	(c) CANT CONDITIONS ting to the death but not se or condition causing deat RATION 19b. MAJOR F (Specify) PLA OF INJI (Day) (Year) (Hour) m.	CE (Home, farm, factory afreet, office bldg., etc.) RY INJURY OCCURRED While at Not While Work At work e deceased from 2.13 d that death occurred at. (Degree or title)	Cumberle How DID INJURY O	TOWN) (COUNT COURT COURT) 22, 1951, that I last	saw the deceased stated above. DATE SIGNED
11. OTHER SIGNIFIC Conditions contributed to the disease 19a. DATE OF OPER 2 - /2 - 6 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF INJURY 22. I hereby certification of the contribution of the contributio	(c) CANT CONDITIONS ting to the death but not se or condition causing deat RATION 19b. MAJOR F (Specify) PLA OF (Day) (Year) (Hour) m. fy that I attended the	CE (Home, farm, factory/atreet, office bldg., etc.) INJURY OCCURRED While at Not While Work At work e deceased from 2.13 d that death occurred at 9.10 (Degree or title)	CITY OR CITY OR CONCENT HOW DID INJURY O 1950, to 2 - 2 :00 P m, from th ADDRESS	TOWN) (COUNT COURT COURT) 22, 1951, that I last	Yes No No (STATE) Y) Norphore saw the deceased stated above.
11. OTHER SIGNIFIC Conditions contributed to the disease 19a. DATE OF OPER 2 - /2 - 6 21. ACCIDENT SUICIDE HOMICIDE HOMICIDE TIME (Month) OF INJURY 22. I hereby certification alive on 2 - SIGNATURE.	(c) CANT CONDITIONS that to the death but not be or condition causing deat RATION 19b. MAJOR F (Specify) PLAN OF INJU (Day) (Year) (Hour) m. fy that I attended the	CE (Home, farm, factory/atreet, office bldg., etc.) INJURY OCCURRED While at Not While Work At work e deceased from 2.13 d that death occurred at 9.10 (Degree or title)	CITY OR CITY OR CONCENT HOW DID INJURY O 1950, to 2 - 2 :00 P m, from th ADDRESS	TOWN) (COUNT COURT COURT) 22, 1951, that I last	saw the deceased stated above. DATE SIGNED 2.23-5/
11. OTHER SIGNIFIC Conditions contributed to the disease 19a. DATE OF OPER 2 - /2 - 6 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF INJURY 22. I hereby certification of the contribution of the contributio	(c) CANT CONDITIONS that to the death hut not se or condition causing deat RATION 19b. MAJOR F (Specify) PLA OF INTI (Day) (Year) (Hour) m. fy that I attended the 2 \(\) 195/, an	CE (Home, farm, factory/atreet, office bldg., etc.) INJURY OCCURRED While at Not While Work At work e deceased from 2.13 d that death occurred at 9.10 (Degree or title)	CITY OR CITY OR CONCENT HOW DID INJURY O 1950, to 2 - 2 :00 P m, from th ADDRESS	TOWN) (COUNT COURT CCUR? 2.2., 1951, that I last e causes and on the date	saw the deceased stated above. DATE SIGNED 2.23.5/
11. OTHER SIGNIFIC Conditions contributed to the disease 19a. DATE OF OPER 2 - /2 - 6 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF INJURY 22. I hereby certification alive on SIGNATURE (Specific Apprentice of the Control of the C	(c) CANT CONDITIONS ting to the death but not se or condition causing deat RATION 19b. MAJOR F (Specify) PLA OF INJI (Day) (Year) (Hour) m. fy that I attended the 2 2 , 195/, an	CE (Home, farm, factory/atreet, office bldg., etc.) INJURY OCCURRED While at Not While Work At work d that death occurred at. (Degree or title) NAME OF CEMBTE	CITY OR CITY OR CONCENT HOW DID INJURY O 1950, to 2 - 2 :00 P m, from th ADDRESS	TOWN) (COUNT COURT COURT) 2. 2. 195/, that I last e causes and on the date LOCATION (City, town, or cou	saw the deceased stated above. DATE SIGNED 2.23.5/
11. OTHER SIGNIFIC Conditions contribut related to the disease 19a. DATE OF OPER 2 - /2 - 6 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF INJURY 22. I hereby certification alive on 2 - SIGNATURE: 23. BURIAL, CREMA REMOVAL (Specification)	(c) CANT CONDITIONS ting to the death but not se or condition causing deat RATION 19b. MAJOR F (Specify) PLA OF INJI (Day) (Year) (Hour) m. fy that I attended the 2 2 , 195/, an	CE (Home, farm, factory/atreet, office bldg., etc.) INJURY OCCURRED While at Not While Work At work d that death occurred at. (Degree or title) NAME OF CEMBTE	CITY OR CITY OR Cumbent How DID INJURY O 1950, to 2 - 2 100 P m, from th ADDRESS LIA GLENGATORY	TOWN) (COUNT COURT COURT) 2. 2. 195/, that I last e causes and on the date LOCATION (City, town, or cou	saw the deceased stated above. DATE SIGNED 2.29.51 anty) (State)
11. OTHER SIGNIFIC Conditions contributed to the disease 19a. DATE OF OPER 2 - /2 - 6 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF INJURY 22. I hereby certification alive on SIGNATURE (Specific Apprentice of the Control of the C	(c) CANT CONDITIONS ting to the death but not se or condition causing deat RATION 19b. MAJOR F (Specify) PLA OF INJI (Day) (Year) (Hour) m. fy that I attended the 2 2 , 195/, an	CE (Home, farm, factory/atreet, office bldg., etc.) INJURY OCCURRED While at Not While Work At work d that death occurred at. (Degree or title) NAME OF CEMBTE	CITY OR CITY OR Cumbent How DID INJURY O 1950, to 2 - 2 100 P m, from th ADDRESS LIA GLENGATORY	TOWN) (COUNT COURT COURT) 2. 2. 195/, that I last e causes and on the date LOCATION (City, town, or cou	saw the deceased stated above. DATE SIGNED 2.23.51 anty) (State)



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The correct

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

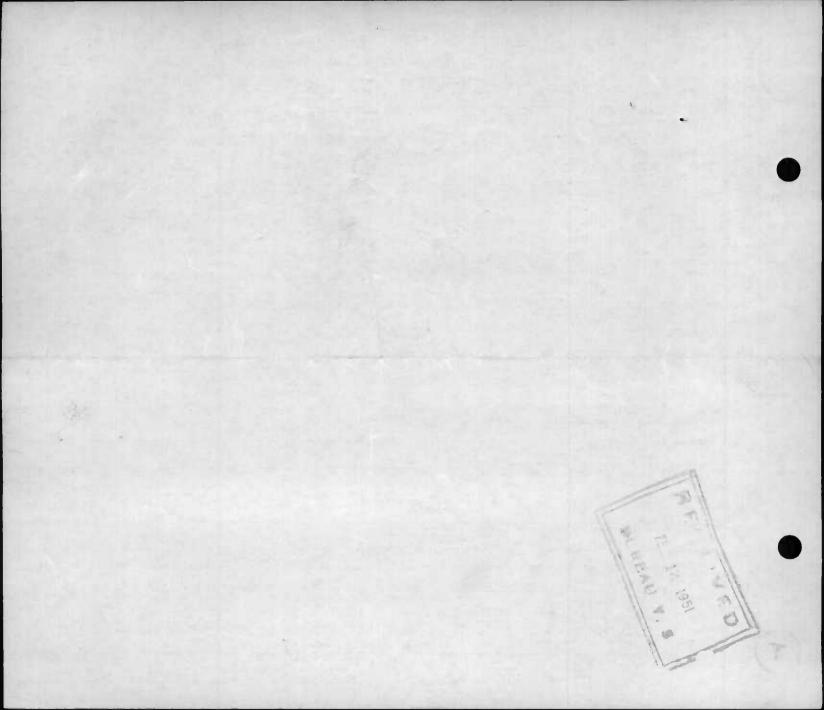
VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

				/
I. PLACE OF DEATH. Allegan		2. USUAL RESIDENCE OF STATE Wary	ing of deceaser	Countillegany
CITY (If outside corporate thits, write RIOR givo nearest town)	JRAL and LENGTH OF STAY	OR COTTIE	anville	and give nearest town)
HOSPITAL OR	ny dospital	STREET ADDRESS	(If rural, give loca	ation)
3. NAME OF (First) DECEASED (Type or Print) Andrew	(Middle)	Hamburg	4. DATE (Mon OF FEB	(Day) (Year) 8 19
Male 6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Mail I led	S. DATE OF BIRTH April 26 188	9. AGE last birthday 1	If under t year If under 24 hrs. Min.
done during most of working life, even if retire	rk 10b. KIND OF BUSINESS OR	ield Austria	r foreign country)	12. CITIZEN OF WHAT
13. FATHER'S NAME Unknown	Tire Co.	Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FOR (Yes, no, or unknown) (If yes, give war or dayservice)	ces? 16. Social Security No. 214-07-0198	Mrs Stella	amburg Corn	riganville Md.
	18. MEDICAL C	ERTIFICATION		
I. DISEASES OR CONDITIONS DIRECT	Y LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIMEGE			9 9-	2. 268
420.1 Immediate cause (a)	Witer	ronary 1 1	12511100	- Van
Antecedent cause(s) Diseases or conditions, if any. (b).	(Vitere	oseldrises		Dyez
Diseases or conditions, if any, (b). giving rise to the above cause stating the underlying cause last			***************************************	
(e)				1
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but no related to the disease or condition causing of	leath.			
19a. DATE OF OPERATION 19b. MAJO	R FINDINGS OF OPERATION			20. AUTOPSY? Yes No
SUICIDE	LACE (Home, farm, factory, street F office bldg., etc.) NJURY	(CITY OR	rown) (CC	OUNTY) (STATE)
TIME (Month) (Day) (Year) (How OF INJURY	While at Not While	HOW DID INJURY OC	CUR?	
22. I hereby certify that I attended	the deceased from Jul.	7, 1951, to Fel	· 7, 19.57, that I	last saw the deceased
alive on Fred 1, 1951,	and that death occurred at.	7:300 m from the	causes and on the	date stated above.
SIGNATURE 0	(Degree or title)	ADDRESS	4 0	DATE SIGNED
clays. Dur	M.D.	Osm	buland	-2/9/57
23. BURIAL, CREMATION DATE THE REMOVAL (Specify) Feb 1	1951 St Peter 8	Paul Cemeter	y Cumberlar	nd, Md.
DATE REC'D BY LOCAL REGISTRA	R'S SIGNATURE	24. FUNERAL DIRECTO		ADDRESS
Feb. 9 1951 Wenter	K. Mank, 11). L	Intitedu II. W	Terro, compe	or reality was



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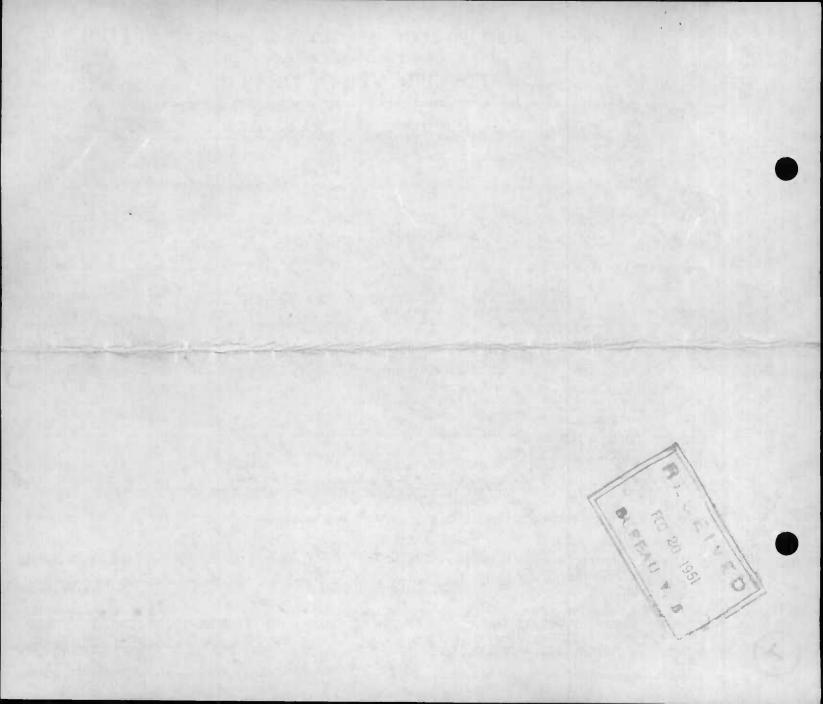
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY O /Legany MARYLAND	Maryland allisamy
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give pearest town) TOWN (in this place)	TOWN Cumberland
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS QLLEgamy Hospital	ADDRESS 423 Columbia St.
3. NAME OF (First (Middle)	7/ (Last) 4. DATE (Month) (Day) (Year)
(Type or Print) (has Les	Heler DEATH Feb 9 1951
6. COLOR OR BACE 7. SINGLE, MARRIED, WIDOWED, DIVORGED,	8. DATE OF BIRTH 9. AGE last birtbday If under I year If under 24 brs.
/// (Specify) Januale	12-11-1882 68 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind or Bynness or done during most of working life, even if retired Industry	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	I faryland usa
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John & Lever	Elizabeth Bitzald
15. VES DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, do or unknown) (If yes, give war or dates of	ILINORMANT AND ADDRESS
/// service)	Mrs. Margaret Crappel Sister Cumperland
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
and the	en were problement & days
610× Immediate cause (a)	mary of cheesen 3 days
Antecedent cause(s)	
Diseases or conditions, if any, (b)	
giving rise to the above cause stating the underlying cause last	
(c)	
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	1 4 127 20. AUTOPSY?
916/50/ Thoughton phil	of prostoke Yes 17 Note
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF INJURY m. While at Not While Work At work	
INJUST TOTAL ACTION	51 61 51
22. I hereby certify that I attended the deceased from the 12.	2, 19 1, to / 19 1, that I last saw the deceased
Feb- 9 51	136/13/6/1
alive on, 19, and that death occurred at	ADDRESS DATE SIGNED
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
R. Wi Juras Res 12 Charles	echant Maryland
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	RY OF CREMATORY LOCATION (City, town, or county) (State)
Burnel (Specify) 2-12-51 Sthukes	Cemetery (umberland manhand
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Let. 12.1951 Wrates K. James M.D.	Koris Steins Ine Curalistant med
	47 376



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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

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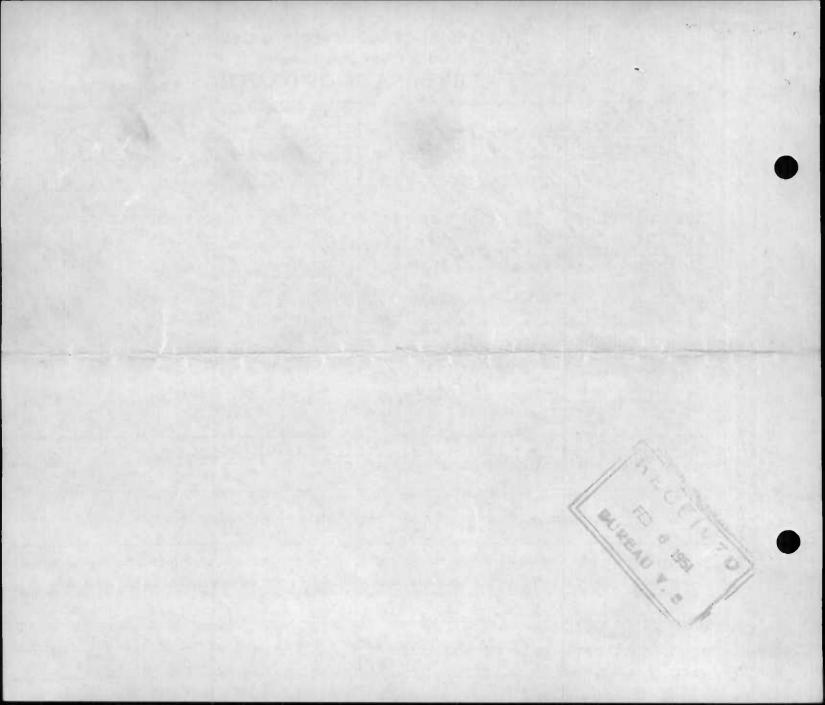
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

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I. PLACE OF DEATH.	2. USOAL RESIDENCE (HOME) OF DECKASEP
MARYLAND MARYLAND	marmand allegary
CITY (If orbide control limits wife RURAL and LENGTH OF STAY OR girl pearest lown) TOWN Carrolland To gro	CITY (If of side corporate limity, write JURAL and give near st town) OR TOWN
HOSPITAL OR INSTITUTION OR 918 Grandand are	STREET ADDRESS 918 marsland are
3. NAME OF DECRASED (First) (Piddle)	(Last) 4. DAT (Month) (Day) (Year)
(Type or Print) 6. COLOB OR LYCE 7. SINGLE, MARRIED,	DEATH 1961 S. DATE OF BIRTH 9. AGE last hirthday If under 1 year If under 24 hrs.
male white WIDDWED, DIVORCED,	10 1873 77 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. King of Business on done during most of working life, even if retired) INDUSTRY	11. BUTHPLACE State or foreign equity) 12. CITIZEN OF WHAT COUNTED
13. FATHER'S NAME THINGSON	14. MOTHER'S MAIDEN DIAME
15. Was DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes for or unknown) service)	17 NFORMANT AND ADDRESS
18. MEDICAL CE	RTIFICATION/
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) Hyperte	usive lardio
443 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	Mar Disease Surfray
(c)	4
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	rato's arthitis
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No Z
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 5	1, 1950toZ. 1957, that I last saw the deceased
alive on	ADDRESS DATE SIGNED
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town or county)
Burnal Het 4, 51 Rose The	le Cen. Cumberland In
THE REC'D BY LOCAL REGISTRAR'S SIGNATURE AREG. 4 1951 Wrates R. Frank. M. D.	Long Stem Ins Cumber land
	2000



2411 N. Charles Street, Baltimore

MARYLAND

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this place)

CERTIFICATE OF DEATH

IMLER

STATE

TOWN

(Last)

Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY PENNSYLVANTA BEDFORD CITY (If outside corporate limits, write RURAL and give nearest town) BEDFORD STREET ADDRESS 4. DATE (Month) (Day) (Year) DEATH FEBRUARY 105] S. DATE OF BIRTH 9. AGE isst birthday | If under I year | If under 24 hrs Months | Days | Hours | Min. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRYS PENNSYLVANTA 14. MOTHER'S MAIDEN NAME MYRTLE B. WERTZ 17. INFORMANT AND ADDRESS MEMORIAL HOSPITAL-CUMBERLAND 18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? Yes I No Z (CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from Lett. 1, 19-51, to Lett. 4, 19-57, that I last saw the deceased 1957..., and that death occurred at 12:20A.m., from the causes and on the date stated above.

(Degree or title) ADDRESS DATE SIG DATE SIGNED LOCATION (City, town, or county) NAME OF CEMETERY OR CREMATORY Cemetery Bedford. Penna. 24. FUNERAL DIRECTOR ADDRESS Louis Geisel Bedford. Penna.

Within corporate limits. W.F. WILLIAMS correct The I. PLACE OF DEATH. COUNTY ALLEGANY CITY (If outside corporate limits, write RURAL and death clearly and legibly. TOWN CUMBERLAND HOSPITAL OR INSTITUTION OR MEMORIAL HOSPITAL STREET ADDRESS 3. NAME OF (First) (Middle) DECEASED JOHN C. (Type or Print) 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED O MALE WHITE 10a. USUAL OCCUPATION (Give kind of work 10b. KIND D'ALTAMS OR done during most of working life, even if retired)

CABIN SERVICE Supply every item write the causes of c 13. FATHER'S NAME DAVTD I. IMLER 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) | (If yes, give war or dates of service) MARGIN RESERVED I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH INK. Immediate cause Antecedent cause(s) UNFADING t. Physicians: Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. , WITH I 19a, DATE OF OPERATION | 19b, MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.) HOMICIDE INJURY PLAINLY, is especially i TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at INJURY Work WRITE alive on 7.4 SIGNATURE 23. BURIAL, CREMATION PLEASE DATE THEREOF REMOVAL (Specify) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE

Heary ned pull up at 4. Rick - Mc Jules Ding Co. Controlant 3585

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

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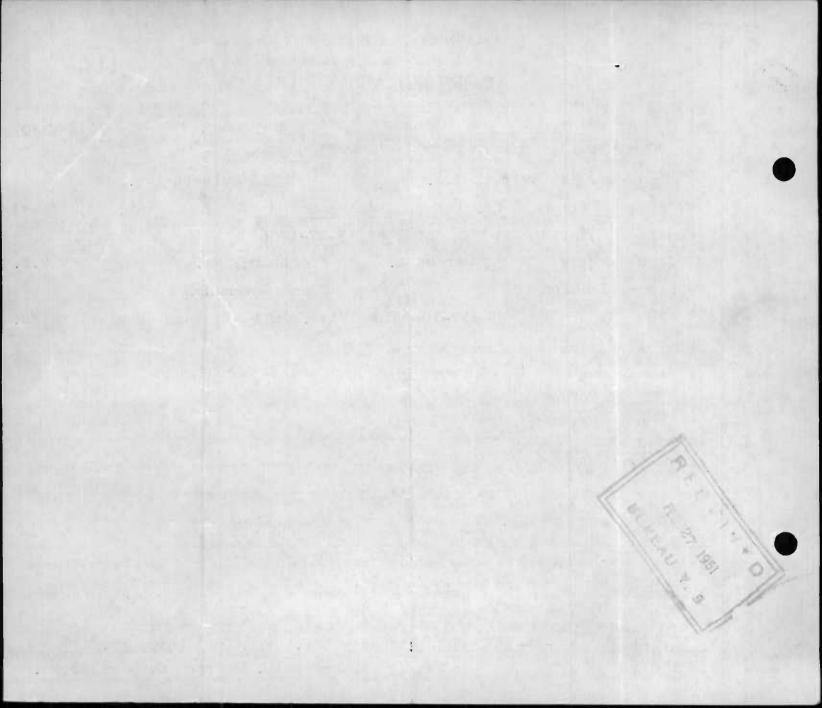
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baitimore

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CERTIFICATE OF DEATH

1. PLACE OF DEATI	1.		2. USUAL RESIDENCE (HOME) OF DECEASE	ED·	
COUNTY Allegany MARYLAND			STATE Maryland COUNTY Allegany			
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY		Il CII I (II outside corporate limits, write KUKAL and give nearest town)				
OR give rearest town) TOWN CUMDET and (in this place)		Town Cumber	and			
HOSPITAL OR			STREET	(If rural, give !	ocation)	
INSTITUTION OF STREET ADDRES	s 316 Avir	ett Ave.	ADDRESS 316 A	virett Av	e.	
3. NAME OF	(First)	(Middle)	(Last)			
DECEASED			ckson	OF F		
(Type nr Print) 5. SEX	6. COLOR OR RACE		8. DATE OF BIRTH			
	White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE	5-27-1886	64 vrs.	If under 1 year If under 24 hrs. Months Days Hours Min.	
Female		(Specify) DINGIE				
done derina most of w	ATION (Give kind of work orking life aven if retired)	INDUSTRY Dept.	11. BIRTHPLACE (State of		12. CITIZEN OF WHAT	
		war Dept.	Frostburg,	Md.	COUNTEY? U.S.	
13. FATHER'S NAM			14. MOTHER'S MAIDEN			
Samuel	Jackson		Sarah Cava	nahgh		
15. WAS DECEASED ET	ER IN U.S. ARMED FORCES	16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS		
(1es, no, arunknown)	(If yes, give war or dates of service)	" 217-10-6516	Miss. Julia	Jackson	Cumberland, Md.	
		18, MEDICAL CE				
T DISTRIBUTED OD CO	NDITIONS DIRECTLY	TELEVIS DE DELETE	5	/ /-	INTERVAL BETWEEN	
I. DISEASES OR CO	NDITIONS DIRECTLI	DO 1 DEATH	/1.	X X/	ONERT AND DEATH	
Yours adda to	(0)	Me Clus	mn Ille	145/26	1 Clay Rus	
153× Immediate	cause (*)	1 00000				
Anteceden	t cause(s)	10 1 Person	2000	21111	C VIII	
	conditions, if any, (b)	uncour		your	11/1	
	the above cause aderlying cause last					
	(c)					
11. OTHER SIGNIFI	CANT CONDITIONS	Walter Inches				
	ting to the death but not se or condition causing deat	h.				
19a. DATE OF OPE		INDINGS OF OPERATION			20. AUTOPSY?	
21. ACCIDENT	(Specify) PLA	CE (Home, farm, factory, street,	: (CITY OR T	OWN) ((COUNTY) (STATE)	
SUICIDE HOMICIDE	OF INJU	office bidg., etc.)			COUNTY) (STATE)	
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OC	CURI		
INJURY	m.	While at Not While Work At work	7			
	,	101,-	VI de I to be	1/2/		
22. I hereby esti	fy that I attended the	deceased from	19.9 to	19 1, that	I last saw the deceased	
11	1000		1 -4			
alive on.	19	d that death occurred at	m, from the	causes and on the	date stated above.	
SIGNATURA	1Kano.	(Degree or title)	ADDRESS	11/	DATE SIGNED	
Helle 1	1111	JUN 10 4	De ales	V/ Clee	usella / Box	
23. BURIAL, CREM	ATION DATE THEREO	F I NAME OF CEMETE	RY OR CREMATORY I	OCATION (City, town	n, of county) (State)	
REMOVAL (Spec	(2-24-1)					
DATE REC'D BY			1s Cem.	Frostburg	ADDRESS	
YREG.	1// 1	I I m A	Charles L.			
Teb. 24,19	51 Willes	1. Many, 11. N.	Tonaries L.	eorge our	mberland, Md.	



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of information carefully death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

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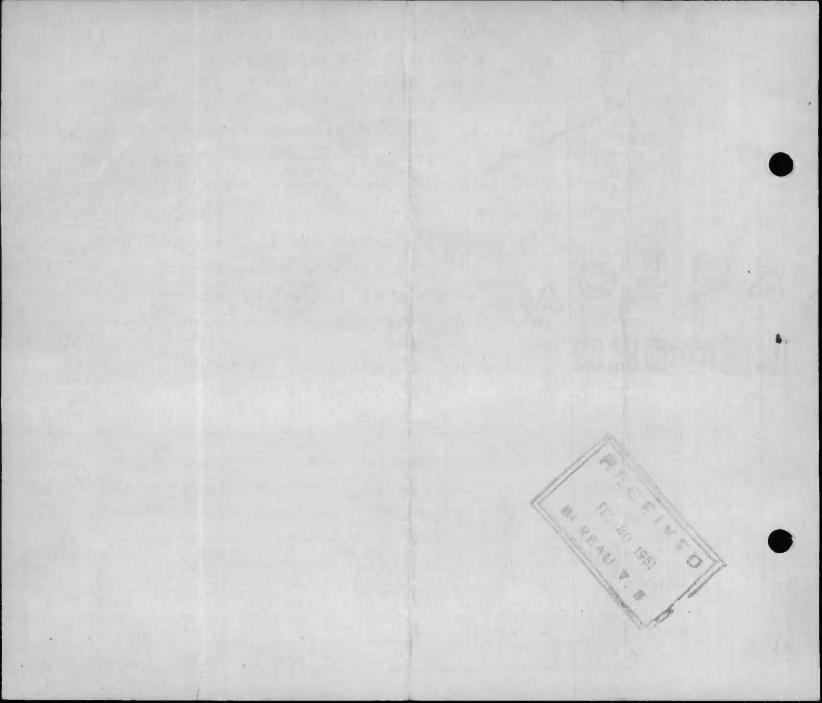
CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

1. PLACE OF DEATH! 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY COUNTY 1legany Allegany
CITY (If outside corporate limits, write RURAL and MARYLAND LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR give nearest town) 2 yrs . Cumberland TOWN Cumberland HOSPITAL OR STREET (If rural, give location) INSTITUTION OR STREET ADDRESS ADDRESS 67 Prospect Square 67 Prospect Square 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Yest) DECEASED 195 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIOOW (Type or Print) Ettie DEATH Feb. Johnson 6. COLOR OR RACE 9. AGE last birthday | If under I year | If under 24 hr 8. DATE OF BIRTH Months | Days | Hours | Min. Female white Sept. 18-1871 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
HOUSEWITE

13. FATHER'S NAME 10b Kind of Business on Industry 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT U S A. Shepardstown, W? Va. Jacob H. Harmon
15. Was Deceased Evek In U.S. Armed Forces?
(Yes. no. or unknown) | (If yes. give war or dates of Anna R.Kidwilar 17. INFORMANT AND ADDRESS 16. SOCIAL SECURITY NO. Son Howard A. Johnson none no service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH (a) Acute cardiac failure due to Immediate cause at once about Antecedent cause(s) Cardio-vascular-renal disease Diseases or conditions, if any, VI'S giving rise to the above cause stating the underlying cause last arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes 🗌 21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE) PRIMARY OR CONTRIBUTING CAUSE OF DEATH. office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not while INJURY work at work 22. I certify that I took charge of the remains described above, held an Autopsy 🗌. Inspection 🚼, Inquiry 🗲 thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the dry stated above, and death in my opinion resulted from: natural causes **, accident [], suicide [], homicide [], undetermined []. SIGNATURE (Degree or title) DATE SIGNED Feb. 15-1951 Cumberland, Md. H.V. Deming M.D. 23. BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) BEHAVAT (Specify) 2-19-1951 Green Hill Cem. Martinsburg. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Charles L. George Cumberland . Md.

Supply every item write the causes of RESERVED INK. WITH UNFADING important. Physicians: PLAINLY, sespecially 3 EA



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltlmore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

COUNTY Allegany CITY (II outside corposate limits, write RURAL and LENGTH OF STAY OR Wiley garacts town) CITY (II outside corposate limits, write RURAL and LENGTH OF STAY OR Wiley garacts town) TOWN 1 OF 1 and 1 OR 1 O
CITY (II outside corposate limits, write RURAL and OR
INSTITUTION OR STREET ADDRESS FIRST ADDRESS
INSTITUTION OR STREET ADDRESS FIRST ADDRESS
STREET ADDRESS HICOANY POSPITA 3. NAME OF DECEASED (First) (Middle) (Last) (Last) (Date (Month) (Day) (Year) (Type or Print) (Type or Print) (Type or Print) (Middle) (Last) (Middle) (Type or Print) (Middle) (M
DECEASED Type or Print) Claude W. Keifer DEATH Feb. 22 1951 6. SEX G. COLOR OR RACE WIDOWED DIVORCED (Specify) Married Dec. 18. 1913 Dec. 1913 Dec. 18. 18. 1811 Dec. 18. 1811 Dec
(Type or Print) (Type or Print) (Type or Print) (Color or Race (Color or Race (Color or Race (Note (
10a. USUAL OCCUPATION (Give kind of work dong during most of working life, even if retired) 15a. USUAL OCCUPATION (Give kind of work dong during most of working life, even if retired) 15a. Tation ary Engineer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Decrased Ever in U.S. Arned Forces? (Yes, no, or unknown) (If yes, give war or dates of yes) 16. Social Security No. (17. Informant and Address or Conditions, if any, giving rise to the above cause stating the underlying cause last. 16. OTHER SIGNIFICANT CONDITIONS 17. Consulary artery Cumberland, Md. 18. MEDICAL CERTIFICATION 19. AGE last birthday II under I year In under I year II under I year II under I year II under I year III under II year III under III under II year III under III
108. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 109. Kind of work done during most of working life, even if retired) 109. Kind of work done during most of working life, even if retired) 109. Kind of work done during most of working life, even if retired) 109. Kind of work done during most of working life, even if retired) 109. Kind of work done during most of working life, even if retired) 109. Kind of work done during most of working life, even if retired) 109. Kind of work done during most of working life, even if retired) 109. Kind of work done during most of working life, even if retired) 109. Kind of work done during most of working life, even if retired) 109. Kind of work during life, even if retired) 109. Kind of work during life, even if retired) 110. Kind of work during life, even if retired) 120. Kind of work during life, even if retired) 121. BIRTHPLACE (State or foreign country) 122. Citizen of What Country of What Countr
10b. KIND OF BUSINESS OR CONDITIONS DIRECTLY LEADING TO DEATH I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH I. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or conditions causing death. 10b. KIND OF BUSINESS OR Condition causing death. 10b. KIND OF BUSINESS OR Conditions causing death. 10b. KIND OF BUSINESS OR Comberland Country (Cumberland Maryland Country) 11c. BIRTHPLACE (State or foreign country) 11d. MOTHER'S MAIDEN NAME Rhodd Hite Rhodd Hite 11d. MOTHER'S MAIDEN NAME Rhodd Hite Stand Resifer. N. D. S. Comberland INTERVAL BETWEEN ONSET AND DEATH ONSET AND
13. FATHER'S NAME Walter Keifer 14. MOTHER'S MAIDEN NAME Rhoda Hite 15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (II yes, give war or dates of Uses) World Wor2 214-05-4948 Evena Keifer. R.D. 5. Comberland, Wd. 18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Myocardial Failure Antecedent cause(s) Diseases or conditions, il any, giving rise to the above cause stating the underlying cause last (b) Myocardial Jufarchian, accuse 4 days 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Questions of the death but not related to the disease or condition causing death.
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16. Was Deceased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of 1214-05-4948 17. Informant and address Evera Keifer. R.D. 5. Comberland, Md. 18. MEDICAL CERTIFICATION Interval Between Onset and Death Interval Between Onset and Death Interval Between Onset and Death Antecedent cause (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Conducty after Accuse of Conditions contributing to the death but not related to the disease or condition causing death. Evera Keifer. R.D. 5. Comberland, Md. Interval Between Onset and Death Antecedent cause (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Conducty after Accuse Ac
(Yes, no, or unknown) (If yes, give war, or dates of the service) World Wor 2 214-05-4948 Evma Keifer. R.D. S. Comberland, Md. 18. MEDICAL CERTIFICATION Interval Between ONSET and DEATH Immediate cause Antecedent cause(s) Diseases or conditions, it any, giving rise to the above cause stating the underlying cause last (c) Covoury avery Occlusion 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Other conditions of the death but not related to the disease or condition causing death. Other conditions contributing to the death but not related to the disease or condition causing death. Other conditions contributing to the death but not related to the disease or condition causing death.
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18. MEDICAL CERTIFICATION 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 4. Immediate cause (a) Myscardial Faeluse Antecedent cause(s) Diseases or conditions, il any, giving rise to the above cause stating the underlying cause last (c) Coronary artery Occlusion 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Experience of the disease or condition causing death. Experience of the death but not related to the disease or condition causing death.
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related to the disease or condition causing death.
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HOMICIDE INJURY
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? OF While at Not While
INJURY m. Work At work
22. I hereby certify that I attended the deceased from Fab 22, 1951, to 1-16 22, 1951, that I last saw the deceased
alive on File 22 195, and that death occurred at 7 00 m from the causes and on the date stated shows
alive on 1951, and that death occurred at
Savelle Glueisusantem 546 reen & Cumberland 2/24/51
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (Casta)
REMOVAL (Specify) Feb. 26 1951 S.S. Peter + Paul Cemetery Comperland Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE / 24. FUNERAL DIRECTOR
tel. 25, 1951 Water R. Manh, M.D. Louis Stein, Inc. Cumberland Mo.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

MARGIN RESERVED FOR BINDING

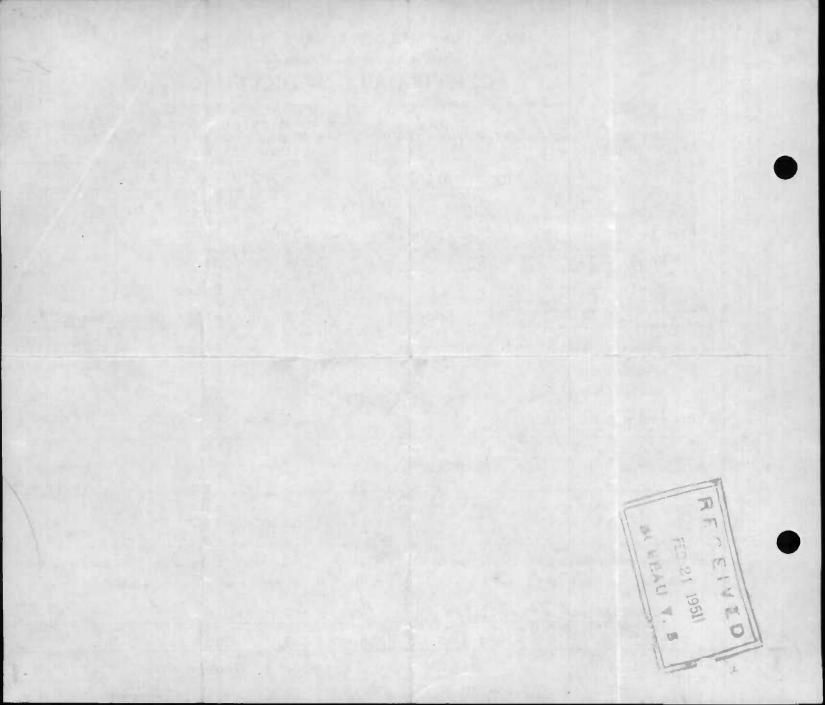
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

8
6

1. PLACE OF DEATH COUNTY Allegany MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR we state the property of the			
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR Write Additional Company of the Company of	COLLANDA	2. USUAL RESIDENCE (HOME) OF DECEASED	
CITY (if outside corporate limits, write RURAL and CENGTH OF STAY ON WIND CLUMBER IN STRUCTURE (in this place) ON WIND CLUMBER STRUCK I AND CONTROL OF STREET ADDRESS Allegany Hospital RISTITUTION OR STREET ADDRESS 727 Maryland Ave. 15. BEX 10. NAME OF DECRASED 10. White Office of Control or RACE 10. NAME OF DECRASED 10. NAME OF DECRASED 10. NAME OF DECRASED 10. NAME OF DECRASED 10. NOTICE OF STRUCK (Month) (Day) (Year) 10. SUBAL OCCUPATION (Give kide dywork leading of the Control of Struck (Specify) 1118; If Control on Min. 10. SUBAL OCCUPATION (Give kide of Swork) (Specify) 1118; If Control on Min. 10. SUBAL OCCUPATION (Give kide of Swork) (Specify) 1118; If Control on Min. 10. SUBAL OCCUPATION (Give kide of Swork) (Specify) 1118; If Control on Min. 10. SUBAL OCCUPATION (Give kide of Swork) (Specify) 1118; If Control on Min. 10. SUBAL OCCUPATION (Give kide of Swork) (Specify) 1118; If Control on Min. 10. SUBAL OCCUPATION (Give kide of Swork) (Specify) 1118; If Control on Min. 10. SUBAL OCCUPATION (Give kide of Swork) (Give k	Allegany MARYLAND	Maryland COUNTY	Allegany
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Type of Print) Oct 11			
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DATE SIGNED	a G / 4-/		
DATE SIGNED	alive on 7 704. 195, and that death occurred at	m., from the causes and on the date ats	ated above
1. alled Va Olma Con Jerland, md. 11 Holist	SIGNATURE: (Degree or title)	ADDRESS	DATE SIGNED
	1. alled Va Olma	Contented, md. 1.	1 A.L.ST
w. apo	W. What I was	UU NU U	i John .
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)	23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	(0.00) 00 00000	
Buria Specify) 2-12-1951 S.S. Peter & Paul Cumberland, Md.			1.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE . 24. FUNERAL DIRECTOR ADDRESS	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE,		ADDRESS
Ten. 11, 1951 Writer K. Manh. M. D. Charles L. George Cumberland, Md.	tell. 11, 1951 Writes K. Janto M.D.	Charles L. George Cumberl	and. Md.



The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1127

I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY ALLEGANY MARYLAND	STACUMBERLAND, MD. ACPUT	ANV
CITY (If outside corporate limits write RURAL and I LENGTH OF STAY	Il or a fit of our con botton miles if off IT and Kid	
OR give nearest town Town I 27 this place)	TOWN CUMBERLAND	
HOSPITAL OR INSTITUTION OR MINEROPITAL MOCEDITION	STREET (If rural, give location)	
STREET ADDRESS MEMORIAL HOSPITAL	ADDRESS PENNSYLVANIA AVE	NUE
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
OECEASED (Type or Print) MARV	KERNS DEATH FEBRUAR	0
5. SEX 16. COLOR OR RACE 17. SINGLE MARRIED	8. DATE OF BIRTHO 9. AGE last birthday If under I	Y 28 IS]
FEMALE WHITE WIDOWED, DIVORCED, (Specify) WIDOWED	DECEMBER 4 JO yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b, Kind of Business on done during most effective kind of work 1 IMPUSTRY		CITIZEN OF WHAT
done during most of working life, even if retired) Industry	MARYLAND	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
JAMES BOONE	GENNIE SPIKER	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, hor of anknown) (If yes, give war or dates of	N. INFORMANT AND ADDRESS	
service)	Memorial Hospital	
18. MEDICAL CEI	RT/F/CATION //	
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	to left ilium +	7
(c)	frence	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	V	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
SIGNATURE: (Degree or title)	ADDRESS and on the date sta	ated above. DATE SIGNED 3 (15)
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETER Philos P	em. Westernport, Mo	1.
DATE RECO BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS



2411 N. Charles Street, Baltimore

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B IM	1. PLACE COUN

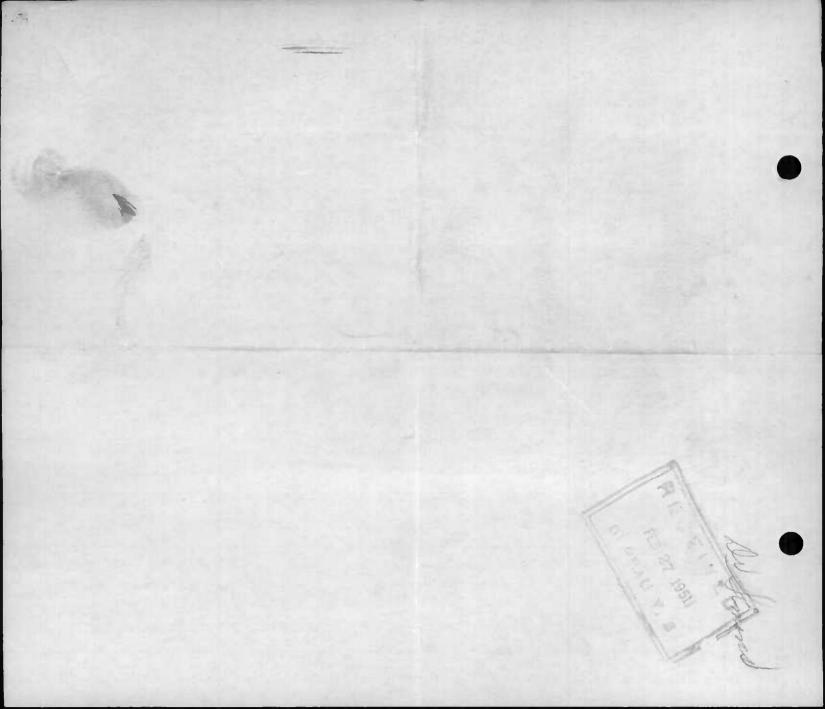
CERTIFICATE OF DEATH

Por Diet No.

NA 201111020 1454	Reg. Dist. No
1. PLACE OF DEATH- COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. Maryland COUNTY egany
CITY (If outside corporate limits, write RURAL and OR give nearest town) Cumberland (in this place)	OR Cumberland
HOSPITAL OR INSTITUTION OR Allegany Hospital STREET ADDRESS	ADDRESS 206 Park Street
3. NAME OF (First) (Middle) DECEASED (Type or Print) Minnie	LeMay A. DATE (Month) (Day) (Year) OF DEATH Feb 20 195
Female White Specify MARIED, (Specify) MARIED,	S. DATE OF BIRTH 9. AGE last birthday If under I year If under 24 hn Sept 29 1873 77 yrs. If under 1 year If under 24 hn Hours Min.
done during most of working life, even if retired) Domestic Worker	California Course?
Unknown	14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of NONE.	Mrs. E. C. Landis, Cumberland, Md.
	ERTIFICATION INTERVAL BETWEEN
Antecedent cause (a) Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS	rous gervaliged
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22. I hereby certify that I attended the deceased from 2.1	m., from the causes and on the date stated above. ADDRESS DATE SIGNED WATER OR CREMATORY LOCATION (City, town, or county) Cemetery Cumberland, Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE, FREG. 22 1951 Mande R. Nawla, M. D.	William H. Kight, Cumberland, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15



WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1139

		OBM I IFIGHT	D OF DEAT	AA J	Reg. Dist. No	O
1. PLACE OF DEATH	•		2. USUAL RESIDENCE (HOME) OF DEC		
COUNTY Alle	oany	MARYLAND	STATE Md	Allec	COUNT	Y
CITY (If outside co	porate/limits, write RUR	AL and LENGTH OF STAY	CITY (If outside corpor	rate limits, write 1	RURAL and gi	ve nearest town)
OR give nearest	town	(in this place)	OR TOWN Com	berlan	d	
HOSPITAL OR		7	STREET		give location)	
INSTITUTION OR STREET ADDRES	\$ 1019 Gail	54.	ADDRESS	Jay 34.		
3. NAME OF	(First) V	(Middle)	(Last)	I & DATE	(Month)	(Day) (Year)
DECEASED	6		1.11.	OF DEATH	- /	
(Type or Print) 5. SEX	6. COLOR OR RACE	17. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE last hirt	Feb	10 19.5/
F	Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED,	May 15, 1890	,	Months	Days Hours Min.
10a. USUAL OCCUPA	TION (Give killed of work	(Specify) Widowed	11. BIRTHPLACE (State		yrs.	2. CITIZEN OF WHAT
done during most of wo	orking life, even if retired)	INDUSTRY	Asheboro.	N.C.		COUNTRY?
13. FATHER'S NAME		1 Own home	1 14. MOTHER'S MAIDEN		'	034
	Davis		Victoria	,		
	ER IN U.S. ARMED FORCES	37 16. SOCIAL SECURITY NO.	17. INFORMANT AND			
(Yes, no, or,unknown)	(If yes, give war or dates	01		,	/ /	
No	service)	None	Henry L. Dovis,	Cumber	102d, 1	~10
		18. MEDICAL CE	RTIFICATION			INTERVAL BETWEEN
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH				ONSET AND DEATH
		4 mores	ere I dine		•	7 dem
420, Immediate	cause (a)		1			
Anteceden	t cause(s)	11-1-	- Sind and			_
Diseases or co	onditions, if any, (b)	Mucu			07772-70-00-00-00-01-01-00-00-	97
940 giving rise to	the above cause derlying cause last					
	(c)					
11. OTHER SIGNIFIC	CANT CONDITIONS					
	ting to the death hut not e or condition causing deat	th.				
		FINDINGS OF OPERATION				1 20. AUTOPSY?
						Yes No
21. ACCIDENT		CE (Home, farm, factory, street,	(CITY OR	TOWN)	(COUNTY)	
SUICIDE HOMICIDE	OF INJ	office bldg., etc.)				,
	(Day) (Year) (Hour)	I INJURY OCCURRED	HOW DID INJURY OC	CUR?		
OF `		While at Not While Work At work				
INJURY	m.		- 1			
22. I hereby certif	fy that I attended th	e deceased from	1, 19.5/, to Fe	10 195	that I last s	aw the deceased
6	3 1 0 -1					
alive on	, 19, ar	nd that death occurred at?	130 From the	causes and or	n the date st	ated above.
SIGNATURE	1 /	(Degree or title)	ADDRESS	1 0	0	DATE SIGNED
cer	W. Du	on on D	Case	nberlo	- Jones	113/5
23. BURJAL, CREMA		OF I NAME OF CEMETE	RY OR CREMATORY	LOCATION (City	town, or coun	ty), (State)
REMOVAL (Specia	(y) 2/12/	51 10001	. 0-	Cum		
DATE REC'D BY L	OCAL REGISTRAR'S	The second secon	24. FUNERAL DIRECTO		2. 101	ADDRESS
-FREG. 13, 19.	1 /11 -	Utrail mx	The state of the s	7. 1.	1	ha. 1. / 11
Lev. 10,19.	1 Wormes	D. 111ama, 111.2.	John Hely	agel	LUM	Dev land, M

Kreleinett.

1130

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	10
(MARYLAND	Maryland 6	1 Maaron
OR give neglest town) TOWN CITY (If tratside corporate limits, white RURAL and LENGTH OF STAY (in this place)	OR CITY (If outside corporate limits, write RURAL and give	e nearest lown)
TOWN (umberland	TOWN (umberland	
HOSPITAL OR INSTITUTION OR I CO I I I	STREET (If rural, give location)	1 1
STREET ADDRESS 1028 Dedford St.	1028 Budford	ct.
3. NAME OF First (Middle)	(Last) /4. DATE (Month)	(Day) (Year)
(Type or Print) Illabel Crueston	Merchaugh DEATH Tebruary	24 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday II under Months	year If under 24 hrs.
Female White WIDOWED, DIVORCED, (Specify) Wilson	May 30, 1887 63 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR		CITIZEN OF WHAT
done during most of working life, evon if retired) INDUSTRY NO-ME	West Vuginia	COUNTRY 9
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Cyrus Bouman	Mary Lates	
15. WAS DEPRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMAND AND ADDRESS	0 00
(Yes, nor of unknown) (If yes, give war or dates of service)	Whe Schwar Cumberlane	x, /8ili
18. MEDICAL CEI	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
<i>A</i>	P. 1	
17/x Immediate cause (a)	Cervi	3 years
· / ·		
Antecedent cause(s) Diseases or conditions, if any, (b)		
giving rise to the above cause stating the underlying cause last		
(c)		
II. OTHER SIGNIFICANT CONDITIONS		1
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		(5,2,2,2,7)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At work		
	4	
22. I hereby certify that I attended the deceased from.	, 1950, to 2/2 4 , 1957, that I last se	w the deceased
alive on 4. 7, 193, and that death occurred at		DATE SIGNED
SIGNATORIA (Section of state)	d	DATE SIGNED
I dearge (1) /mons (1.1). (unbelow // 1/4	2/26/57
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	BY OR CREMATORY LOCATION (City, town, or count,	y) (State)
REMOVAL Specify) 2/27/61 Rose Hill	('unkerland	Maryland
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE/	24. FUNERAL DIRECTOR	ADDRESS
Tex. 27. 1951 White & dante. M.D.	Louis Stein me Cont	uland mil
for the state of t		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



Worrect age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

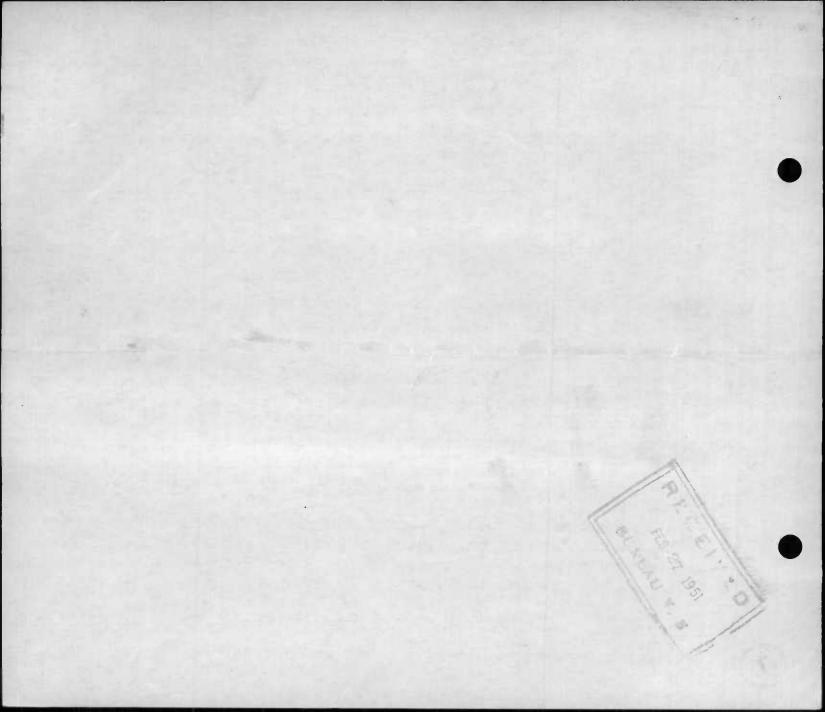
MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATI COUNTY				
COUNTY	·		2. USUAL RESIDENCE (HOME) OF DECEASE	
	Allegany	MARYLAND	STATE Maryland	countylegany
CITY (If outside co	prporate limits, write RUR	AL and LENGTH OF STAY	CITY (If outside corporate limits, write RURA)	L and give nearest town)
OR give nearest TOWN	town) Cumberla	nd 25 the place's	Town Cumberland	
HOSPITAL OR			STREET (If rural, give loc	cation)
INSTITUTION OF STREET ADDRES	121 Indepe	ndence Street	ADDRESS 121 Independence	
3. NAME OF	(First)	(Middle)	(Last) 4. DATE (Mo	
DECEASED	William	Micheel	Manchen OF T	0.0
(Type or Print)			DBAIN 2 C	D 20 1951 If under I year If under 24 hrs
5. SEX Male	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	Mar 29 1891 59 yrs.	Months Days Hours Min.
done during most of w	ATION (Give kind of work orking life, even if retired)	10b. Kind of Business or Cumb & Allegan	Midland Maryland	12. CITIZEN OF WHAT COUNTRY! USA
Sale 13. FATHER'S NAM	Sman	Gas Co.	1 14. MOTHER'S MAIDEN NAME	
	asl Monahan	GGD 00•	Elizabeth Green	
	VER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no or unknown)	(If yes, give war or dates		Mrs Helen Monahan, Cumbe	onland Md
NO	service)	1814 00 1000		errand, mu.
		18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH		ONSET AND DEATH
		Jan Saina and	2000	
Immedia(e cause (a)			
153× Antocodor	nt cause(s)	0	.0	- 1
Diseases or	conditions, if any, (b)	accura	me of a medicing	EVA.
11/ 6 21-1-2 21-4				*****************************
46 - giving rise u	the above cause		6	
stating the u	o the above cause inderlying cause last		6	***************************************
stating the u	o the above cause inderlying cause last (c)		6	
11. OTHER SIGNIFI	o the above cause inderlying cause last (c) CANT CONDITIONS ating to the death but not		6	
stating the u	ting to the death but not see or condition causing death	th.	6	
stating the u	ting to the death but not see or condition causing death	th.	o will colou	20. AUTOPSY?
11. OTHER SIGNIFI Conditions contriburelated to the disease 19a. DATE OF OPE	co the above cause inderlying cause last (c) CANT CONDITIONS ating to the death but not se or condition causing deat (CANTION 19b. MAJOR 19b.	FINDINGS OF OPERATION	o) reger colon	20. AUTOPSY? Yes \(\text{No} \)
stating the u	co the above cause inderlying cause last (c) CANT CONDITIONS ating to the death but not se or condition causing deat (CANTION 19b. MAJOR 19b.	CS (Home, farm, factory, street, office blue, etc.)	CITY OR TOWN) (C	20. AUTOPSY?
11. OTHER SIGNIFI Conditions contributed to the disease 19a. DATE OF OPE 21. AGCIDENT SUICIDE HOMICIDE TIME (Month)	co the above cause anderlying cause last (c) CANT CONDITIONS thing to the death but not se or condition causing deal RATION 19b. MAJOR (Specify) PLA OF	CS (Home, larm, lactory, street, office bidg., etc.) URY INJURY OCCURRED	o) reger colon	20. AUTOPSY? Yes \(\text{No} \)
11. OTHER SIGNIFI Conditions contributed to the disease of the contributed to the disease of the contributed to the contributed	co the above cause anderlying cause last (c) (cANT CONDITIONS thing to the death but not se or condition causing death and the condition cause of the condition caus	CS (Home, farm, factory, street, office blue, etc.)	CITY OR TOWN) (C	20. AUTOPSY? Yes \(\text{No} \)
11. OTHER SIGNIFI Conditions contributed to the disease of the contributed to the disease of the contributed to the contributed to the disease of the contributed to	co the above cause anderlying cause last (c) CANT CONDITIONS ating to the death but not se or condition causing deal RATION 19b. MAJOR (Specify) PLA OF INJ (Day) (Year) (Hour)	CS (Home, larm, lactory, street, office bidg., etc.) INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCUR?	20. AUTOPSY? Yes No COUNTY) (STATE)
11. OTHER SIGNIFI Conditions contributed to the disease of the contributed to the disease of the contributed to the contributed to the disease of the contributed to	co the above cause anderlying cause last (c) CANT CONDITIONS ating to the death but not se or condition causing deal RATION 19b. MAJOR (Specify) PLA OF INJ (Day) (Year) (Hour)	CS (Home, larm, lactory, street, office bidg., etc.) INJURY OCCURRED While at Not While Work At work	CITY OR TOWN) (C	20. AUTOPSY? Yes No COUNTY) (STATE)
11. OTHER SIGNIFI Conditions contributed to the disease 19a. DATE OF OPE 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF INJURY 22. I hereby cert	co the above cause inderlying cause last (c) (CANT CONDITIONS ating to the death but not see or condition causing death for the condition causing death of the condition caused and caused	CE Home, farm, factory, street, office bidg, etc.) URY INJURY OCCURRED While at Not While Work At work e deceased from 9.	HOW DID INJURY OCCUR? 19 49, to 2/50, 195/, that	20. AUTOPSY? Yes No No No OUNTY) (STATE) I last saw the deceased
11. OTHER SIGNIFI Conditions contributed to the diseated to th	co the above cause inderlying cause last (c) (CANT CONDITIONS ating to the death but not see or condition causing death for the condition causing death of the condition caused and caused	CE Home, farm, factory, street, office bidg, etc.) URY INJURY OCCURRED While at Not While Work At work e deceased from 9.	HOW DID INJURY OCCUR?	20. AUTOPSY? Yes No No No OUNTY) (STATE) I last saw the deceased
11. OTHER SIGNIFI Conditions contributed to the disease 19a. DATE OF OPE 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF INJURY 22. I hereby cert	co the above cause inderlying cause last (c) (CANT CONDITIONS ating to the death but not see or condition causing death for the condition causing death of the condition caused and caused	CE thome, farm, factory, street, office bidg, etc.) URY INJURY OCCURRED While at Not While Work At work e deceased from 9	HOW DID INJURY OCCUR? 19 49, to 2/20, 195/, that 8 4m., from the causes and on the	20. AUTOPSY? Yes No No OUNTY) (STATE) I last saw the deceased date stated above.
11. OTHER SIGNIFI Conditions contributed to the disease 19a. DATE OF OPE 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF INJURY 22. I hereby cert alive on SIGNATURE	co the above cause inderlying cause last (c) (cANT CONDITIONS ating to the death but not se or condition causing death and the condition causing death and c	CE CHome, farm, factory, street, office blue, etc.) URY INJURY OCCURRED While at Not Wallo Work At work e deceased from S.	HOW DID INJURY OCCUR? 19 #9 to 2/20, 195/, that ADDRESS	I last saw the deceased date stated above. DATE SIGNED 20. AUTOPSY? Yes
11. OTHER SIGNIFI Conditions contributed to the diseated to th	co the above cause inderlying cause last (c) (CANT CONDITIONS ating to the death but not se or condition causing deat (Specify) (Specify) (Day) (Year) (Hour) (Hour) (ATION DATE THERE	CE CHome, farm, factory, street, office blue, etc.) URY INJURY OCCURRED While at Not Wallo Work At work e deceased from 9	HOW DID INJURY OCCUR? HOW DID INJURY OCCUR? 19. 49, to 2/50, 195/, that ADDRESS RY OR CREMATORY LOCATION (City, town	I last saw the deceased date stated above. DATE SIGNED 2-/20/5/- 1, or county) (State)
11. OTHER SIGNIFI Conditions contributed to the disease 19a. DATE OF OPE 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF INJURY 22. I hereby cert alive on SIGNATURE	co the above cause inderlying cause last (c) (c) (CANT CONDITIONS ating to the death but not se or condition causing death and the condition of the con	CE CHome, farm, factory, street, office blue, etc.) URY INJURY OCCURRED While at Not Wallo Work At work e deceased from Solution At work compared at that death occurred at the compared of the compared in the c	HOW DID INJURY OCCUR? HOW DID INJURY OCCUR? 19. 49, to 2/20, 195/, that ADDRESS RY OR CREMATORY LOCATION (City, town Paul Cemetery Cumberl	I last saw the deceased date stated above. DATE SIGNED 2-/20/5/- 1, or county) And, Md.
11. OTHER SIGNIFI Conditions contributed to the disease 19a. DATE OF OPE 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF INJURY 22. I hereby cert alive on SIGNATURE S	co the above cause inderlying cause last (c) (cANT CONDITIONS ating to the death but not se or condition causing deat (CANT CONDITIONS) (Specify) (Specify) (PLA OF INJ (Day) (Year) (Hour) ify (ha(I attended the part of the cause of	CE CHome, farm, factory, street, office blue, etc.) URY INJURY OCCURRED While at Not Wallo Work At work e deceased from Solution At work compared at that death occurred at the compared of the compared in the c	HOW DID INJURY OCCUR? HOW DID INJURY OCCUR? 19. 49, to 2/20, 195/, that ADDRESS TRY OR CREMATORY LOCATION (City, town Paul Cemetery Cumberla 24. FUNERAL DIRECTOR	I last saw the deceased date stated above. DATE SIGNED 2/20/5/- a, or county) ADDRESS
11. OTHER SIGNIFI Conditions contributed to the disease 19a. DATE OF OPE 21. ACCIDENT SUICIDE TIME (Month) OF INJURY 22. I hereby cert alive on SIGNATURE ALIVE OF	co the above cause inderlying cause last (c) (c) (CANT CONDITIONS ating to the death but not se or condition causing death and the condition of the con	CE CHome, farm, factory, street, office blue, etc.) URY INJURY OCCURRED While at Not Wallo Work At work e deceased from Solution At work compared at that death occurred at the compared of the compared in the c	HOW DID INJURY OCCUR? HOW DID INJURY OCCUR? 19. 49, to 2/20, 195/, that ADDRESS RY OR CREMATORY LOCATION (City, town Paul Cemetery Cumberl	I last saw the deceased date stated above. DATE SIGNED 2/20/5/- a, or county) ADDRESS



MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

1132

CERTIFICAT

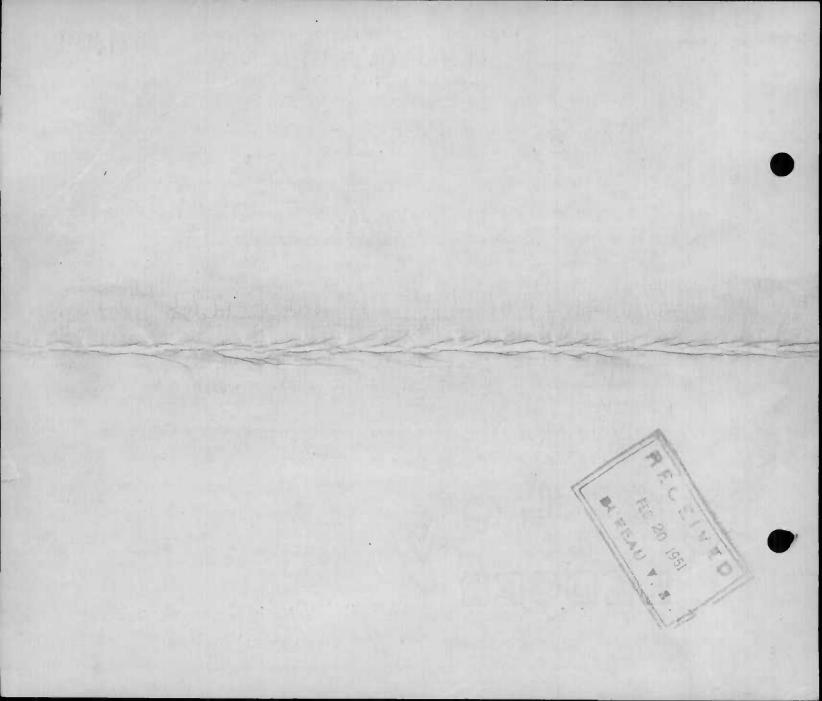
FOR MEDICAL

1. PLACE OF DEATH.

Ros INot No.

	Reg. Dist. No.
I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED-
Allegany Maryland	Md. Allegany
OR give nearest town) TOWN Cumberland CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Cumberland 80 Vrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR
OR give nearest town) TOWN Cumberland 80 Vrs	Town Cumberland
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)
STREET ADDRESS 2 Cherry Place	ADDRESS Cherry Place
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) about (Year) OF DEATH Feb. 1957
(Type or Print) Helen	Moore DEATH Feb. about 1957
	8. DATE OF BIRTH 9. AGE last birthday If under I year If under 24 hrs
female 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) gingle	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
Dome Stic House work	Country?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
_IInknown	Unknown
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes. no, or unknown) (If yes, give war or dates of none	Mr Brooke Whiting, Cumberland, Md.
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN
	ONSET AND DEATH
Immediate cause (a) Generalized ar	teriosclerosis
150,0 Immediate cause (a) TETIET GAT 460 GT	***************************************
Antecedent cause(s)	
Diseases or conditions, if any, (b)	10.000 11.00000 01.000 0.1.100 01.0.1.1.1.0.0.1.1.1.1
stating the underlying cause last	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	
related to the disease or condition causing death. Hound dead in	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
De Viscour	Yes 🗍 No 🙀
21. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING Of office bldg., etc.) [CAUSE OF DEATH.] [INJURY]	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while	HOW DID INJURY OCCUR?
INJURY m, work at work	
22 Tearlife that I teal above of the series I that I that	
22. I certify that I took charge of the remains described above, held an A	Autopsy , Inspection E, Inquiry T thereon and from the evidence ased died on the day stated above, and death in my opinion resulted
from: natural causes \(\frac{1}{2}\), accident \(\subseteq \), suicide \(\superseteq \), homicide \(\superseteq \),	undetermined
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
- 11170 - 111	
	erland, Md. Feb. 8-1951
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or county) (State)
124111h 2/14/5/ 19/20 /411	Cemetery Cumberland Md
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL/DIRECTOR ADDRESS
Fex. 14, 1951 Wallet & Nanh, 701. A).	Louis Stein Inc Cunsusland Md
	A 7 A 13 A
	120826

VS. A15A



1133

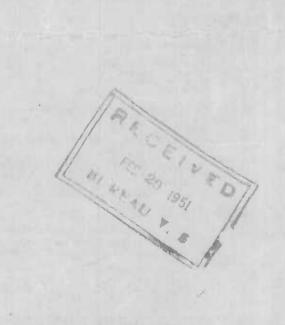
CERTIFICATE OF DEATH

9 INCIFOR MEDICAL EXAMINERS FIADD

THE DIE WIND OF THE PORT OF	Reg. Dist. No	······································
I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED	
Allegany MARYLAND	STATEW. Va. Morgan	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	e nearest town)
Liown Cumperiand 38 days	Town Paw Paw Rura	il
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)	****
STREET ADDRESS Allegany Hospital	ADDRESS	,
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) RUTH OLLIE B. 1	MORGRET OF DEATH Feb. 16	3,1951 19
Female White 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIOW	8. DATE OF BIRTH 9. AGE last birthday If under	l year If under 24 hm
Female White Widow Edit Wildow Specify Wildow Wildow	Aug. (, 1010 11 yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OF	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT
done during most of working life, even if retired) OWNTRHOME		COUPI
Robert McDonald	Mollie Oates	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes. no. lorunknown) (If yes. give war or dates of Nome	Edgar Whittacre, Cumberlan	d. Md.
18. MEDICAL CI		1
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Toxemia due	to	38 days
0.4		
Antecedent cause(s) Diseases or conditions, if any, (b) 1st, 2nd & 31	rd Degree burns of back	
giving rise to the above cause	**************************************	
stating the underlying cause last also had ar	teriosclerosis	???
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No No
21. EXTERNAL CAUSE WAS PRIMARY TO RECONTRIBUTING OF Office bldg., etc.) CAUSE OF DEATH. INJURY	Paw (GITY OR TOWN) (COUNTY)	. Vestate)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while	HOW DID INJURY OCCUR? Washing cloth	es, backed
INJURY 12/9/50 — m. While at Not while at work at work	against stove, dress caught, f	
22. I certify that I took charge of the remains described above, held an .		CTATO PROBLEM CONTRACTOR
obtained by said Autopsy, Inspectian or Inquiry, find that said deci	eased died on the dry stated above and death in my	oninion resulted
from: natural causes M, accident M, suicide , homicide	, undetermined .	
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
H. V. Deming, M. D. /7. V- Deming 2.	n) Cumberland, Md. 2/	16/1951
23. BURIAL, CREMATION DATE THEREOF NAME OF CHAIETE	ERY OR CREMATORY LOCATION (City, town, or county	y) (State)
	on Cemetery Hampshire Co.	W. Va.
DATE REC'D BY LOCAL BEGISTRAR'S SIGNATURE ,	24. FUNERAL DIRECTOR	ADDRESS
Teh: 16, 1951 Unter K. Nanh. M.D.	W. D. Parks, Paw Paw, W. V	a.

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE

MARGIN RESERVED FOR BINDING



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1134

I. PLACE OF DEATH COUNTY	Allegany	MARYLAND	2. USUAL RESIDENCE (H STATE Maryls	ind COUNT	MILLEGany
OR give nearest	rporate limits, write RURA town) Cumberlan	d LENGTH OF STAY	Town Rural	umberland	ve nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRES	Allegan	y Hosp.	STREET ADDRESS R. D.	#5 Potomac	Park
3. NAME OF DECEASED (Type or Print)	GEÖRGE	WILLTAM	norats	4. DATE (Month) OF Feb.	25, (Year) 1951
Male	White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Mal' 1 1 2 0	Feb. 26,1836	VTI.	1 year If under 24 hrs. Days Hours Min.
Unemproye	TION (Give kind of work)	10b. KIND OF BUSINESS OF INDUSTRY Cumb. Plant	- Cam - CI	land, Md.	2. CITIZEN OF WHAT COUNTRY? U. S.
John Nor:		MILI		Baker	
(Yes, ng. or unknown)	ER IN U.S. ARMED FORCES! (Il yes, give war or dates o service)	16. SOCIAL SECURITY NO. 215-20-6311	Lester Norris		rk, Cumb.
		18. MEDICAL CE	RTIFICATION		I Para di Para di
Immodiate	NDITIONS DIRECTLY 1	LEADING TO DEATH	unem a	columin	INTERVAL BETWEEN ONSET AND DEATE
Anteceden Diseases or c	t cause(s) onditions, if any, (b)	artical	lupertens tes	in	24cm
6 giving rise to stating the u	the above cause nderlying cause last (c)	d'ahe	tes		2 gens
II. OTHER SIGNIFIC Conditions contribu- related to the disease	CANT CONDITIONS ting to the death hut not e or condition causing death				
19a. DATE OF OPER	RATION 19b. MAJOR F	INDINGS OF OPERATION			Yes No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC	E (Home, farm, factory, street, office hldg., etc.)	(CITY OR TO	OWN) (COUNTY)	
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	UR?	
22. I hereby certi	fy that I attended the	deceased from 3-4	, 1946, to 2-2	5, 19 57, that I last a	aw the deceased
alive on Z	- 24, 1951, and	that death occurred at 2		causes and on the date st	
	Muso	(11)	57 buene		2-27-57
23. BURIAL, CREMA					
BURIAL, CREMA BURIAL (Speci		.1951 Rose H:	111 Cem.		
BREMOVAL (Speed DATE REC'D BY I		.1951 Rose H:	111 Cem.	Cumberland, M	ty) (State) Id. ADDRESS



death clearly an RESERVED INK. UNFADING t. Physicians: WITH (important

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PLAINLY, s especially

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS Reg. Dist. No..... 1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY Allegany Allegamy MARYLAND CITY (If outside corporate limits, write RURAL and CITY (If outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY TOWN give neerest town sternport le sternnort TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS STREET (If rural, give iocation) 410 Vine St ADDRESS Vine 3. NAME OF (First) 4. DATE (Last) (Month) (Day (Year) DECEASED Pearl Lthel Ordner DEATH Feb 1950 (Type or Print) 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE iast birthday | If under 1 year | If under 24 hrs | Months | Days | Hours | Min. WIDOWED, DIVORCE Fema Le (Specify) 10a. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT done during most of werlying life, even if retired) COUNTRY? West Virginia 13. FATHER'S NAME Mary Lurphy 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS (Yes, no, or unknown) | (If yes, give war or dates of service) None marshall Ordner . Westernport. Md. 18. MEDICAL CERTIFICATION INTERVAL BETWEEN 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Acute Cardiac Failure once Immediate cause Antecedent cause(s) Chronic Cardiac Degeneration Vrs Diseases or conditions, if any, giving rise to the above coune stating the underlying cause last Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21. EXTERNAL CAUSE WAS PLACE (Home, ferm, factory, street, (CITY OR TOWN) (COUNTY) (STATE) PRIMARY OR CONTRIBUTING office hldg., etc.) CAUSE OF DEATH. TIME (Month) (Dey) (Year) HOW DID INJURY OCCUR? INJURY OCCURRED While at Not while INJURY work at work 22. I certify that I took charge of the remains described above, held an Autopsy 🗌, Inspection 🗶 Inquiry 🗶 thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the dry stated above, and death in my opinion resulted from: naturol couses X, accident , suicide , homicide , undetermined ... SIGNATURE (Degree or titie) DATE SIGNED Cumberland, Maryland 23. BURIAL CREMATION REMOVAL (Spreify) BUP 1.8 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) os Cemeterv DATE REC'D BY LOCAL Boal "esternport



820

The correct

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

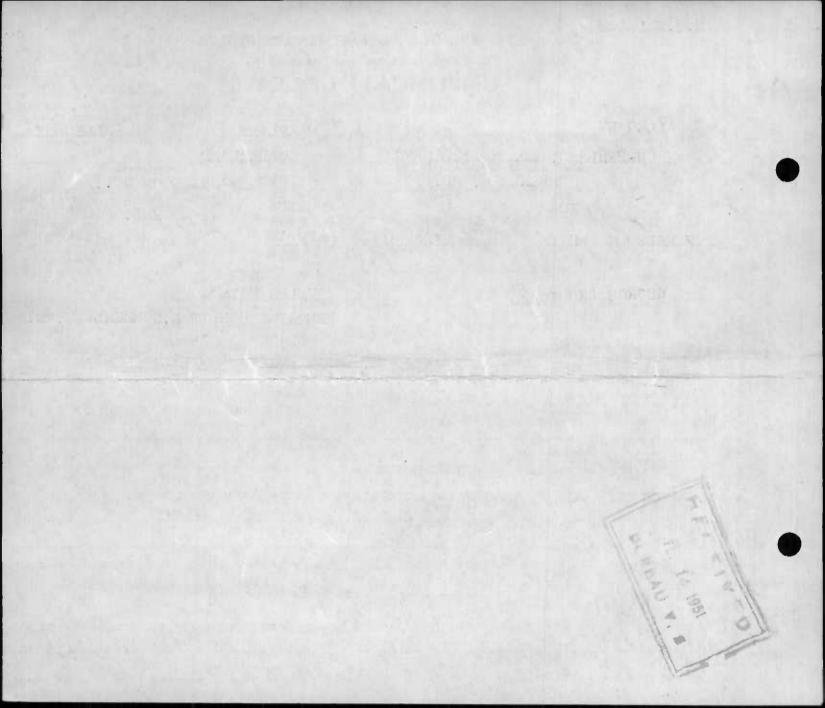
2411 N. Charles Street, Baltimore

1136

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH- COUNTY ALLEGANY CITY (if outside corporate limits, write RURAL and County of Places County of City (if outside corporate limits, write RURAL and give nearest to the City (in this place) TOWN CUMBERLAND	NV
CITY (if outside corporate limits, write RURAL and LENGTH OF STAY OR give pearest town) TOWN CUMBERIAND MD. 122 DAYS CITY (if outside corporate limits, write RURAL and give nearest town) TOWN CUMBERIAND	ATTZ
TOWN CUMBERLAND MD 122 In this place) OR TOWN CUMBERLAND	
TOWN COMPANIES TOWN COMPANIES	own)
HOSPITAL OR MEMORIAL HUSPITAL STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS CUMBERLAND, MD.	
3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day)	(Year)
DECEASED (Type or Print) IDA L PHOEBUS OF DEATH FEB 8	15.]
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 18. DATE OF BIRTH 19. AGE last birthday If linder year 1171	inder 24 hrs.
FEMALE WHITE WIDOWED DIVORCED. SEPT 18 /870 85 yrs. Months Days III	ours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY (Courter)	TAHW TO
work the wallender ma	4.
13. FATHER'S NAME	7
GEORGE PEDDICOLD HELEN HAYMOND 15. Was DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS	
(Yes, fig. or, unknown) (If yes, give war or dates of	MD
	• سرا
	BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ND DEATH
Immediate cause (a) he length Carrier	
14424	
Antecedent cause(s) Diseases or conditions, if any, (b) The culed rendered	
Blo giving rise to the above cause stating the underlying cause last	
(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUX	OPSY?
Yes	No D
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE (CITY OR TOWN) (COUNTY) (ST.	ATE)
HOMICIDE INJURY	
OF While at Not While	
INJURY m. Work At work	
22. I hereby certify that I attended the deceased from	eceased
alive on I 8, 1957, and that death occurred at 35 mm, from the causes and on the date stated about	
alive on, 197/., and that death occurred at	ve. SIGNED
my militing and the local	1
The state of the s	57
23. SURFAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (Gity, town, or county)	(d)ate)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. EUNERAL DIRECTOR ADDRI	200
TRIGGO 19 (1) tes Poral m. D. Grania Hair One Commenter	100
ten 11 1 mores to market 11 or home some summer	Vul.



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1137

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GENTIFICATI	E OF DEATH Reg. Dist. No.)
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY ALLEGAYY MARYLAND	STATE PENNSYLVANIA COUNT	EDFORD
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR OR OF TOWN (in this place) CRYS	CITY (If outside corporate limits, write RURAL and give OR HYNDMAN	re nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL	STREET (If rural, give location) R. F. D. # 1	V
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) OF DEATH FEBRUAR	(Day) (Year) Y 10 19 5
FFMALE WHITE Specify MARRIED. 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED. (Specify) MARRIED.	8. DATE OF BIRTH 9. AGE last birthday If under	
10s. USUAL OCCUPATION (Give kind of work done during most of working life, evon if retired) ACCUPATION (Give kind of work done during most of working life, evon if retired) ACCUPATION (Give kind of work done during most of work done during most of work during most of working life.	PENNSYLVANIA	COUNTRY USA
PETER GARLOCK	14. MOTHER'S MAIDEN NAME ELIZABETH DITMER	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS MEMORIAL HOSPITAL, CUM	
(Yes, no or unknown) (If yes, give war or dates of service) 18. MEDICAL CEI		BERLAN DIND
Inmediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (a) Pelvic W	Carrie	INTERVAL BETWEEN ONSET AND DEATE
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes D No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. INJURY At work	HOW DID INJURY OCCUR?	
alive on	30Pm., from the causes and on the date sta	ated above. DATE SIGNED (State)
Tel. 22, 1951 Winter B. Clank M. D. D.	Louis Stein, Inc. Comparla	nd, Md.

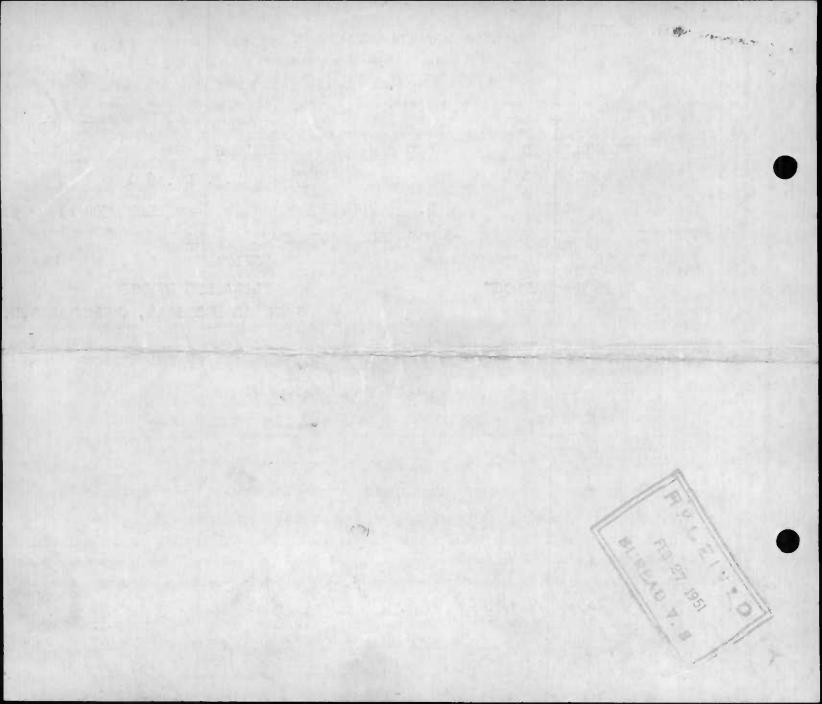
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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VS. A15



DATE SIGNED

ADDRESS

(State)

LOCATION (City, town, or county)

1. PLACE OF DEATH- COUNTY ALLEGANY ARYLAND CITY (if quicide corporate limits, write RURAL and LENGTH OF STAY OR give nearest county) OR give nearest comporate limits, write RURAL and LENGTH OF STAY (if pure nearest county) OR give nearest county) OR give nearest county) HOSPITAL OR INSTITUTION OR MEMORIAL HOSPITAL STREET ADDRESS NAME OF CITY (if quicide corporate limits, write RURAL and give nearest fown) OR TOWN HOSPITAL OR INSTITUTION OR MEMORIAL HOSPITAL STREET ADDRESS NAME OF CITY (if quicide corporate limits, write RURAL and give nearest fown) OR TOWN ELLERSLIE STREET ADDRESS (if rurs, give location) MALE WHITE SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED MANAGERED,	ALIA PERIOD	2411 N. Charles	Street, Baltimore	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (IT) to the corporate limits, write RURAL and give nearest flows) CITY (If outside corporate limits, write RURAL and give nearest flows) CITY (If outside corporate limits, write RURAL and give nearest flows) CITY (If outside corporate limits, write RURAL and give nearest flows) CITY (If outside corporate limits, write RURAL and give nearest flows) CITY (If outside corporate limits, write RURAL and give nearest flows) CITY (If outside corporate limits, write RURAL and give nearest flows) CITY (If outside corporate limits, write RURAL and give nearest flows) CITY (If outside corporate limits, write RURAL and give nearest flows) CITY (If outside corporate limits, write RURAL and give nearest flows) CITY (If outside corporate limits, write RURAL and give nearest flows) CITY (If outside corporate limits, write RURAL and give nearest flows) CITY (If outside corporate limits, write RURAL and give nearest flows) CITY (If outside corporate limits, write RURAL and give nearest flows) CRAN (IT) CITY (If outside corporate limits, write RURAL and give nearest flows) CRAN (IT) CITY (If outside corporate limits, write RURAL and give nearest flows) CITY (If outside corporate limits, write RURAL and give nearest flows) CRAN (IT) CITY (If outside corporate limits, write RURAL and give nearest flows) CITY (If outside corporate limits, write RURAL and give nearest flows) CRAN (IT) CITY (If outside corporate limits, write RURAL and give nearest flows) CRAN (IT) CITY (If outside corporate limits, write RURAL and give nearest flows) CRAN (IT) CITY (If outside corporate limits, write RURAL and give nearest flows) CITY (If outside corporate limits, write RURAL and give nearest flows) CITY (If outside corporate limits, write RURAL and give nearest flows) CITY (If outside corporate limits, write RURAL and give nearest flows) CITY (If outside corporate limits, write RURAL and give nearest flows) CITY (If outside corporate limits, write RURAL		CERTIFICAT	E OF DEATH	Reg. Dist. No.
TOWN ELLERSLIE TOWN ELLERSLIE		MARYLAND	2. USUAL RESIDENCE (HOME) OF STATE MARYLAND	DECEASED.
INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL S. NAME OF OFFIRS WILLIAM R. POWELL DEATH FEB. 15. S. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDWED MANAGERD JULY 10,/// 71 yr. Months Days Hours One drink of work of the service	TOWN give nearest town BERLAND	RAL and LENGTH OF STAY	TOWN ELLERSLIE	
DECEASED (Type or Print) SEX MALE WHITE (Specify) MAINTIED 10. USUAL OCCUPATION Give kind of work double furnity and surprise for the first of working file, even if retried ADDRER - Achieve for the file for the first of the file for t	INSTITUTION OR MEMOUTAT	HOSPITAL		ural, give location)
MALE WHITE SUDDENDED ANALY SERVICE SERVING SER	(Type or Print) WILLIAM	R. PO	WELL OF DEAT	H FEB. 15.
TABORE WORTHING SECONDAY CELANESE WEST VIRGINIA 13. FATHER'S NAME ROBERT POWELL 15. Was Degrased Ever in U.S. Armed Forces? 16. Social Security No. (Yes, no. or inknown) (If yes, give war or dates of 2/5-20.6720 MEMORIAND HOSPITAL -CUMBERLAND, No. 18. MEDICAL CERTIFICATION 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Wronice Control Selective Cardio William Memorian Conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While	MALE WHITE	7. SINGLE, MARRIED, WIDOWED, MARRIED, (Specify) MARRIED	JULY 10,/879 71	t hirthday If under year If under Months Days Hours
ROBERT POWELL 15. Was Decreased Ever in U.S. Armed Forces? 16. Social Security No. 17. Informant and Hospital -cumberland, No. 2/5-20-6720 MEMORIAL DEPSSAL -CUMBERLAND, No. 18. MEMCAL CERTIFICATION 1	done during most of working file, even if retried LABORER - Letralization	10b. KIND OF BUSINESS OF CELANESE	WEST VIRGINIA	(Country) 12. CITIZEN OF COUNTRY?
Is. MEMCAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Chronic Control Sclaratic Cardio - Vasculas 10 ye Antecedent cause (a) Chronic Control Cardio - Vasculas 10 ye Antecedent cause (b) Cisease Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPS: Yes N SUICIDE HOMICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While			ELIZABETH GOF	
Interest of Conditions directly Leading to Death Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) SUICIDE (OF office bidg., etc.) HOMICIDE (NJURY OCCURRED HOW DID INJURY OCCUR?) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR?	(Yes, no or inknown) [(If yes, give war or dates	1 of	MEMORIAL HOSPIT	'AL -CUMBERLAND, N
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPS: Yes N 21. ACCIDENT Specify PLACE (Home, farm, factory, street, SUICIDE OF office bidg., etc.) INJURY OCCURTED INJURY OCCURTED OF OFFI INJURY OCCURTED OF OFFI OFFI	I DISEASES OF CONDITIONS DIFFCTIVE	18. MEDICAL CE	RTIFICATION	INTERVAL BUT
Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c) H. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While		Chronic Corter	is Scherotic Cardi	o-Vasculas, 10 m
giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPST 20. AUTOPST 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, (CITY OR TOWN) (STATE) (STAT	Antecedent cause(s)	Disease		
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPS: Yes N 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF OF While at Not While	giving rise to the above cause			
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPS: Yes	Conditions contributing to the death but not	.t		
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE HOMICIDE (Not office bidg., etc.) INJURY OCCURRED (While at Not While) (CITY OR TOWN) (COUNTY) (STATE)				20. AUTOPSY
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? OF While at Not While	SUICIDE OF	office bldg., etc.)	(CITY OR TOWN)	
INJURY m. Work At work	TIME (Month) (Day) (Year) (Hour) OF	INJURY OCCURRED	HOW DID INJURY OCCUR?	

NAME OF CEME

OR CREMATORY

24. FUNERAL DIRECTOR

MARGIN RESERVED FOR WRITE PLAINLY, WITH UNFADING INK. is especially important. Physicians: please PLEASE

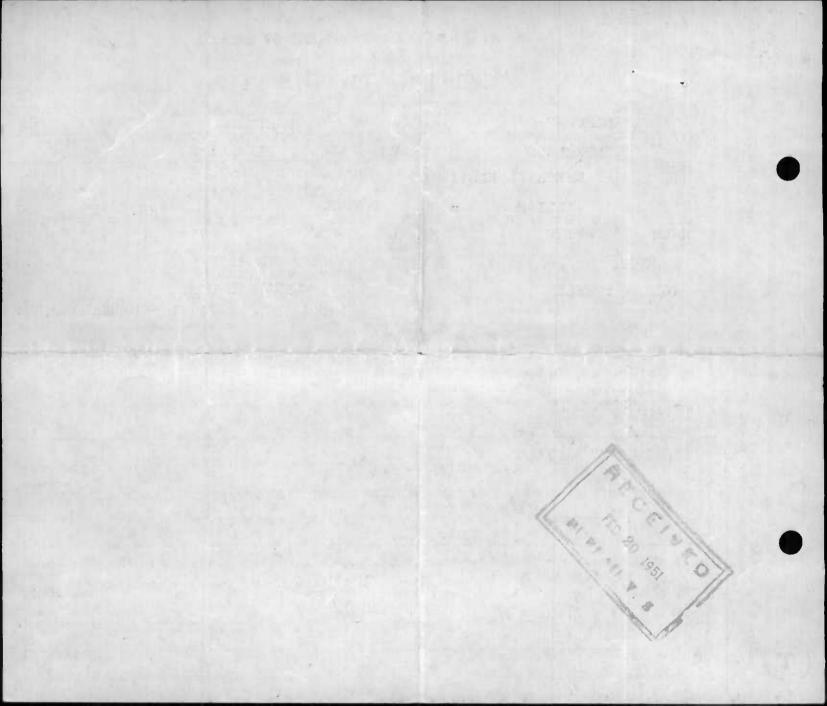
SIGNATURE

23. BURIAL, CREMATION REMOVAL (Specify)

DATE REC'D BY LOCAL

DATE THEREOF

REGISTRAR'S SIGNATURE



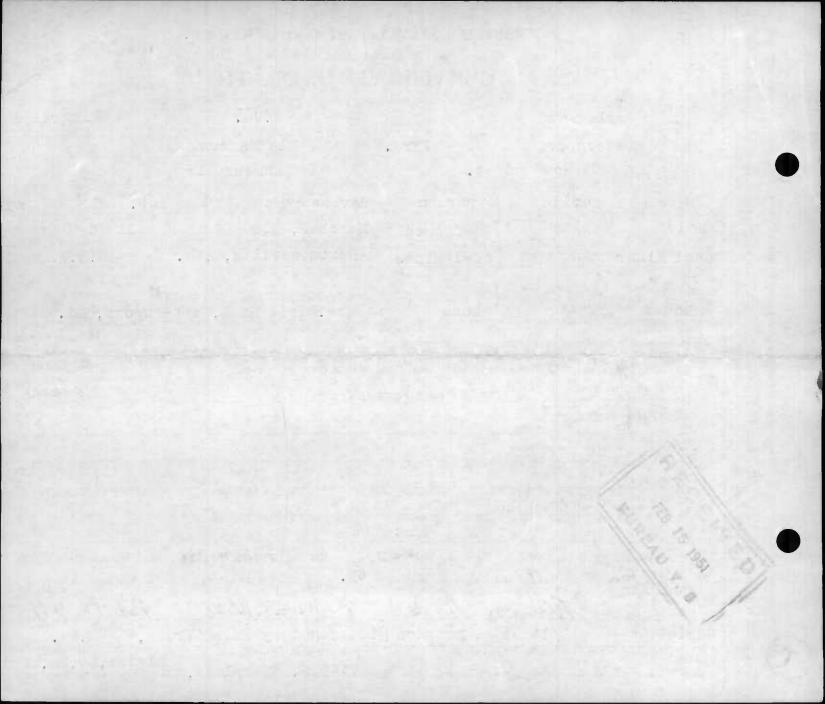
2411 N. Charles Street, Baltimore

1139

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH- COUNTY Allegany	MARYLAND	2. USUAL RESIDENCE (H	OME) OF DECEASED.	UNTMineral
CITY (If outside corporate limits, write RUR.) OR give Westernport		CITY (If outside corpora OR TOWN Elk Gal	den den	nd give nearest town)
HOSPITAL OR INSTITUTION OR 207 Hammond STREET ADDRESS	St.	ADDRESS Number	(If rural give locati	on)
3. NAME OF DECEASED (Type or Print) David		Ravenscroft	4. DATE (Month OF DEATH Feb.	11 1951
Male 6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED DIVORCED, (STANDOWED)	March 3,1858	92 yrs. M	under 1 year If under 24 hrs.
10a. USUAL OCCUPATION (Give kind of work Cook Turing poet of working life, even if retired)	10b. Kind of Business or	Hartmonsville	,W.Va.	12. CITIZEN OF WHAT
Newy Jovense	ofh.	14. MOTHER'S MAIDEN		
15. Was Decrased Ever In U.S. Armed Forces (Year) or unknown) (Il yes, give war or dates of service)	None Security No.	Mrs.Elsie How	ADDRESS e,Westernpo	rt, Md.
	18. MEDICAL C	ERTIFICATION		
	Hromie Myceard	litis and Myocardi	il Degeneration	Interval Between Onset and Death 2 Years
Immediate cause (a) 2V	or specified	is theumstie		4/8213
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	Arterio-scler	rusis	***************************************	10 Pears
(c)				
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death	3.			
19a. DATE OF OPERATION 19b. MAJOR F	INDINGS OF OPERATION			20. AUTOPSY?
None				Yes No 🕅
HOMICIDE /VON R OF				NTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	UR?	
22. I hereby certify that I attended the				
alive on Feb. 10 , 1957, and SIGNATURE	d that death occurred at (Degree or title)	ADDRESS m., from the	causes and on the da	te stated above. DATE SIGNED
Paulottus	n M.D.	Piedment, W	Va. Fa	b. 12, 1951
23. BURIAL CREMATION DATE THEREO BUFFLYOVAL (Specify) 2/14/51		II Cemetery E	CATION (City, town, or LK Garden,	W.Va.
DATE REC'D BY LOCAL REGISTRAR'S	SIGNATURE C. Keller	Otha F Sharp	Blai	ne, W.Va.
			6502	16



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY Allegany MARYLAND	STATE Maryland County legany
	CITY (If outside corporate limits, write RURAL and give nearest town)
CITY (If outside corporate limits, write RURAL and OR give nearest town) Westernport (in this place)	Town Westernport
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS 308 Spruce Street.	ADDRESS 308 Spruce Street.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) William Cambridge Ravensc:	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MATTIEC	8. DATE OF BIRTH 9. AGE last hirthday If under 1 year If under 24 hrs Dec. 3.1877. 73 yrs. If under 24 hrs Months. Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of vorking life, even if retired) INDUSTRY B. & O. Pailroad	Co. Westernport. Maryland. COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George W. Ravenscroft	Margaret Biggs.
15. Was Decrased Ever In U.S. Armed Forcist 16. Social Security No. (Yes, no, or unknown) (If year, give war or dates of 705-14-2373.	Mrs. "illiam C. Ravenscroft.
10 MENNYCAL CE	DIVERCATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH
7.	dited 10ma
Immediate cause (a) My ocor	70110
Antecedent cause(s)	
234 Diseases or conditions, if any, (b) Ortherwell	coale - Hy surpension 15 ms
giving rise to the above cause stating the underlying cause last	
giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	20. AUTOPSY?
giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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BECELVED S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

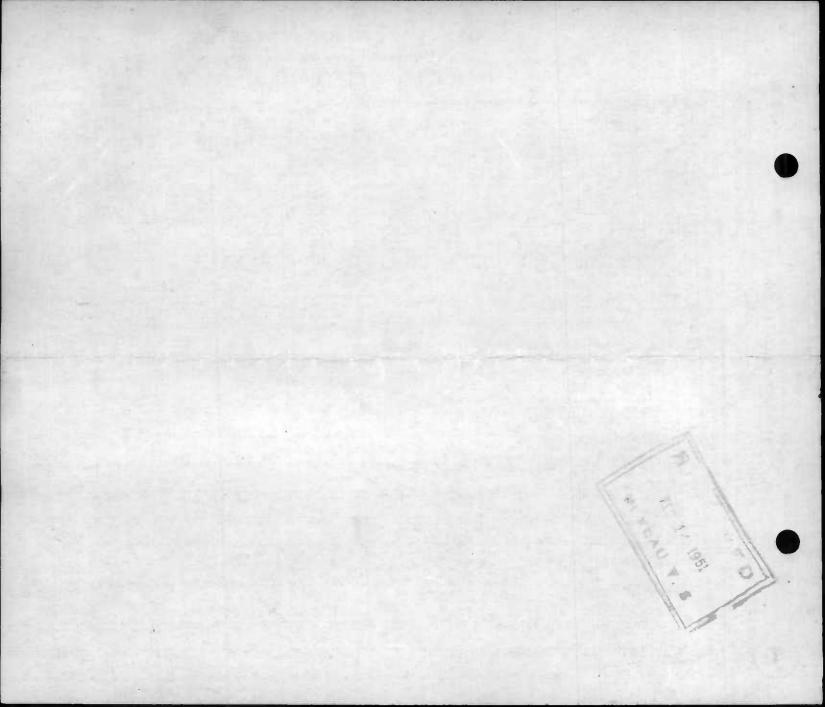
CERTIFICATE OF DEATH

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY	STATE
CITY (If outside desporate limits, write RURAL and LENGTH OF STAY	Cliny III a li printi
CITY (If outsid deporate limits, write RULAL and LENGTH OF STAY OR give peared town) (in this place)	CITY (If outside corporate mits, write RURAL and give nearest town)
TOWN Counterland 30 yrs.	TOWN Mullely Cont
HOSPITAL OR	STREET (Hrural, give location)
INSTITUTION OR	ADDRESS - 5
STREET ADDRESS 2 2 6 Winter 5.	236 Ums. J.
3. NAME OF (First) (Middle)	(Last) / 4. DATE (Month) (Day) (Year)
DECEASED John Eligson	Rexroad OF 15
(Type of Films)	DEATH Feb 13 195/
6. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED	8. DATE OF BIRTH 9. AGE last birthday If under I year If under 24 hfs.
WIDOWED, DIVORCED	Months Days Hours Min.
male touce (Specify) named	Jan 13, 18/31 / X yrs. 1
done during most of procking the event if retired. Industry, of Business of Moustry, of the control of the cont	BIRTHPHACE (State or foreign country), 12. CITIZEN OF WHAT
done during most of working the, eyes if retired houstry well Judy	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
IN FAMILIA ()	14. MOTHERS MAIDEN NAME
Soloman Cetrodo	mary walls
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT (AND ADDRESS)
(Yes, no, or unknown) (If yes, give war or dates of	
Mo service)	Lottie Rolling, 236 Williams St.
18. MEDICAL CE	
	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
	2-3 7/
420. Immediate cause (a) Corone Antecedent cause(s)	my / prombosis and
420 Immediate cause	
Antocodent cause(s)	
	rioschises 5mg
94a Diseases or conditions, if any, (b)	roselins 5yr
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A Reality of the State of the S Mourett

CERTIFICATE OF DEATH

persBRUTVAN OR		2411 N. Charles CERTIFICA	PARTMENT OF H Street, Baltimore FE OF DEAT	ΓH R	1142 4
1. PLACE OF DEAT COUNTY AI	H. LEGANY	MARYLAND	2. USUAL RESIDENCE STATE MARYLAND	(HOME) OF DECE	EASED COUNTY GANY
CITY (If outside OR give neares	corporate limits, write RUR		OR FITTINT	rate limits, write RI STONE	URAL and give nearest town)
HOSPITAL OR INSTITUTION O STREET ADDRE	R MEMORIAI HO	4 1100100	STREET		ve location)
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE	(Mooth) (Day) (Year)
(Type or Print) 5. SEX MALE	HARRY 6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, APPLYONED, (Specify)	S. DATE OF BIRTH OCTOBER 12/1/	DEATH 9. AGE last birtho	FEBRUARY 5 151 day If under 1 year If under 24 hrs. Months Days Hours Min.
done during most of MER	ATION (Give) and of work working life, even if retired)	10b. KIND OF BUSINESS OR	PENNSYLVANI	A foreign country)	12. CITIZEN OF WHAT COUNTRY USA
13. FATHER'S NAM	JEREMIAH ROB	INET TE	14. MOTHER'S MAIDE CATH	ERINE ROLA	ND
15. WAS DECRASED E (Yes, no, of unknown)	OVER IN U.S. ARMED FORCES (If yes, give war or dates service)	of 16. SOCIAL SECURITY NO.	17. INFORMANT AND MEMORIAL HOSP	ADDRESS PITAL, MEMO	RIGL AVE., CITY
		18. MEDICAL C	ERTIFICATION		
	ONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN
Immedia	ie cause (a) nt cause (s) conditions, if any, co the above cause underlying cause last	LEADING TO DEATH OUTLE COLO	nong allhu	ui.	INTERVAL BETWEEN ONSET AND DEATH 48 Lyras
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

1143

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

CENTIFICATI	Keg. Dist. No
1. PLACE OF DEATH. COUNTY ALLEGANY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY; ARRETT
CITY (If outside corporate limits, write RURAL and OR give nearest town BERLAND (in this place)	CITY (II outside corporate limits, write RURAL and give nearest town) OR TOWN FRIENDSVILIE
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL	STREET (If rural, give location)
3. NAME OF (First) (Middle) DECEASED (Type or Print) WILLIAM J. H	OSE 4. DATE (Month) (Day) (Year) OF FEBRURRY 18 1951
6. COLOR OR RACE 7. SINGLE, MARRIED, WILLED, WILLED, CSpecify) THE (Specify)	8. DATE OF BIRTH 9. AGE last hirthday If under I year If under 24 hrs. NOV. 16, 1902 48 yrs. Months Days Hours Min.
done during plost of working life, even if retired) 10b Kind of Business or Indiana during plost of working life, even if retired Indiana or Indiana.	11. BIRTHPLACE (State or foreign country) PENNSTLVANIA COUNTRY USA 12. CITIZEN OF WHAT
13. FATHER'S NAME RUSSELL E. ROSE	14. MOTHER'S MAIDEN NAME ELLA KENNEDY
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no. Yugknown) (If yes, give war or dates of 174-05-9549 service)	17. INFORMANT AND ADDRESS MRMORIAL HOSPITAL, MEMORIAL AVE.,
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause Antecedent cause(s) Diseasee or conditions, if any, giving rise to the above cause stating the underlying cause last	EN MAND DEATE EN MAND DEATE EN MAND DEATE
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
DIACE WAS A SAME AND A	(CITY OR TOWN) (COUNTY) (STATE)
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m. INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCUR?
SIGNATURE: (Degree or title) 23, BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	7:39 P
DATI REC'D BY LOCAL REGISTRAR'S SIGNATURE TERMS. 19. 1951 WINTER TO AND M. D. J.	emetery addison Pennsylvania 24. FUNERAL DIRECTOR ADDRESS Empor Bolden Oakland md



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

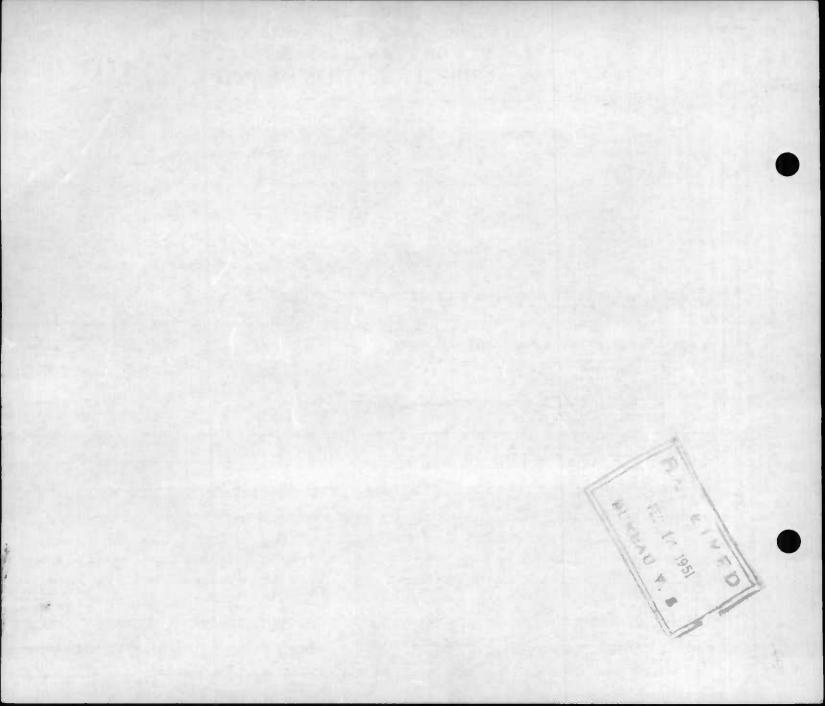
CERTIFICATE OF DEATH

114+ 4 Reg. Dist. No. 4

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED	
Clillerann MARYLAND	STATE Marshamed CONTY	
CITY (It but ide corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)	-
CITY (HAULING corporate limits, write RURAL and LENGTH OF STAY OR TOWN LANGUAGE LIMITS, WRITE RURAL and LENGTH OF STAY (In this place)	OR / O	
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)	-
INSTITUTION OR STREET ADDRESS 22 (CACALANCE, Tet.	ADDRESS 2 2 (()	
a veryanie uze	of Vacquer all	-
NAME OF DECEASED (First) (Midde)	(Last) 4. DATE (Month) (Day) (Y	ear)
(Type or Print)	Deman DEATH 2/9/5/1	9
6. COLOR OF RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday 11 under 1 year If under 2	
WIDOWED, DIVORCED, (Specify) WILLES OR (Specify) WILLES OR	2/24/1890 60 yrs. Months Days Hours	Min.
DUUAL OCCUPATION (Give kind of work during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. ARTHEHACE Start or Greign Cunto andal 12. CITIZEN OF W	ZHAT
during most of working life, even if retired) Insurary	Total Country of	1
FATHER'S NAME	11. MOTHER'S MAIDEN NAME	
11.0 00 9 16:10:	March 1 2 9 L	
WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17-NFORMANT AND ADDRESS	
s, ho, or unknown) (If yes, give war or date of	IT INFORMANT AND ADDRESS	
// service) //arl	Trank Rosman 22 Valler	•
18. MEDICAL CER		
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETV ONSET AND DI	
10	T O - ONDER MANUEL	MIE
Immediate cause (a) Gosov	thry berombores 5 hor	
0.1	A - 4	MR + P+ 8 0-0-
Antecedent cause(s) Diseases or conditions, if any, (b)	rearchtis 2 years	,
Diseases or conditions, if any, (b) giving rise to the above cause	2001 0000000000000000000000000000000000	1000 1000 1000 1000
stating the underlying cause last		
(c)		
OTHER SIGNIFICANT CONDITIONS		_
Conditions contributing to the death but not related to the disease or condition causing death.		
a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	1 20. AUTOPSY	7
ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)	, []
SUICIDE OF office bidg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)	
HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
110	3 1-1 \$10 0	
. I hereby certify that I attended the deceased from	7, 1951, to 3-69, 1951, that I last saw the deceas	ed
	"106. m., from the causes and on the date stated above.	
alive on, 19, and that death occurred at		
Old NATURE (Degree of Citie)	ADDRESS DATE SIGNI	ED
plant - m. D	. Combitted. 4/9/	(-)
BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	OR CREMATORY LOCATION (City town, or county)	7 /
REMOVAL (Specify)	CFOR CREMATORY LOCATION (City town, or jounty))
	Mamprelly 19.	
ATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	A. FUNERAL DIRECTOR ADDRESS	
1. 9, 1951 Winter X. Nanh, M. N.	Momes t. Menshelli	7
	The state of the s	C
	11/2 / 1/20 1. 1/ 1/2	77

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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VS. A15

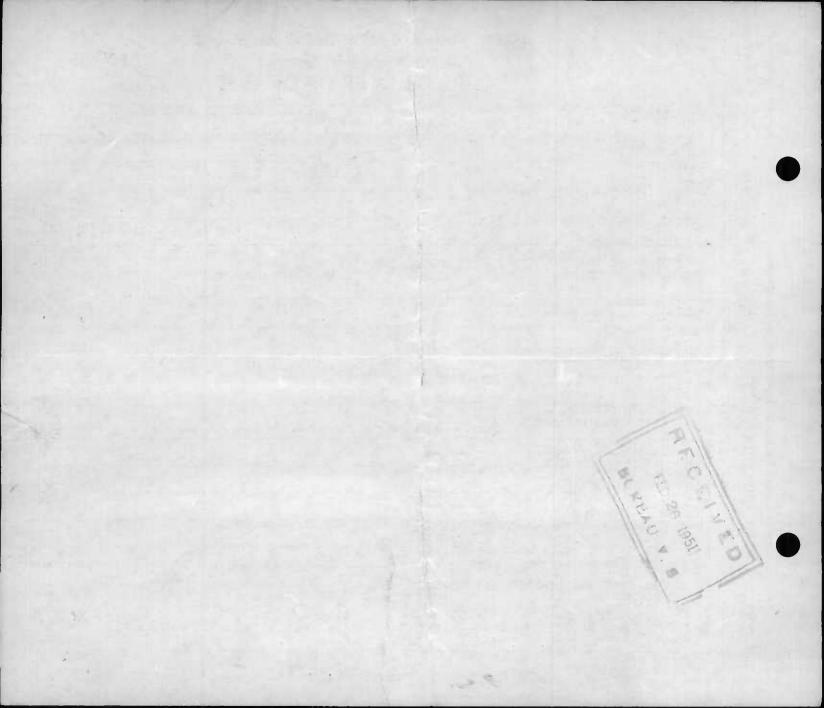
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH Reg. Dist.

114:

	CERTIFICA.	LE OF DEATH	Reg. Dist. No.
I. PLACE OF DEATH- COUNTY ALLEGAN	Y MARYLAND	2. USUAL RESIDENCE (HOME) OF DE STATE MARYLAND	COUNTYALLEGANY
CITY (If outside corporate limits, work of give nearest town)		OR DIDITO	RURAL and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS BART	ON	STREET ADDRESS BARTON (If rural	, give location)
3. NAME OF (First) DECEASED (Type or Print) BARBARA	(Middle) SWAN	RUSSELL 4. DATE OF DEATH	(Month) (Day) (Year)
6. COLOR OR	RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	S. DATE OF BIRTH 9. AGE last be	rthday If under I year If under 24 hr Months Days Hours Min
10a. USUAL OCCUPATION (Give kin done during most of working life, even i	d of work 10h. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country LARYLAND)	
13. FATHER'S NAME ROBERT	R. RUSSELL	14. MOTHER'S MAIDEN NAME	CE B. SOLLICK
15. WAS DECRASED EVER IN U.S. ARM (Yes, noger unknown) (If yes, give war service)	D FORCES? 16. SOCIAL SECURITY No. or dates of	Wm. RUSSELL ***	STERNPORT; Md/
	18. MEDICAL C	ERTIFICATION	
I. DISEASES OR CONDITIONS DISTRIBUTIONS DIST	(a) hober Pa (b) Secondary Am (c) Gastrie Uleer 10NS but not		ONSET AND DEATH 2 Pays 2 Years 3 Months
19a. DATE OF OPERATION 19h.	MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT SUICIDE HOMICIDE VON	PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) OF INJURY	(Hour) INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCUR?	
		3: 30 f. m., from the causes and cappress Preduct W Vs.	
REMOVALI (Specify)	THEREOF 23, 1951 NAME OF CEMETI 23, 1951 LAUREL	ERY OR CREMATORY LOCATION CH	town, or county) land (State)
DATE REC'D BY LOCAL REGIS	MAN GENEC. Kelly	E.S. Boal 111	hurch St.
			rnport, Maryland



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

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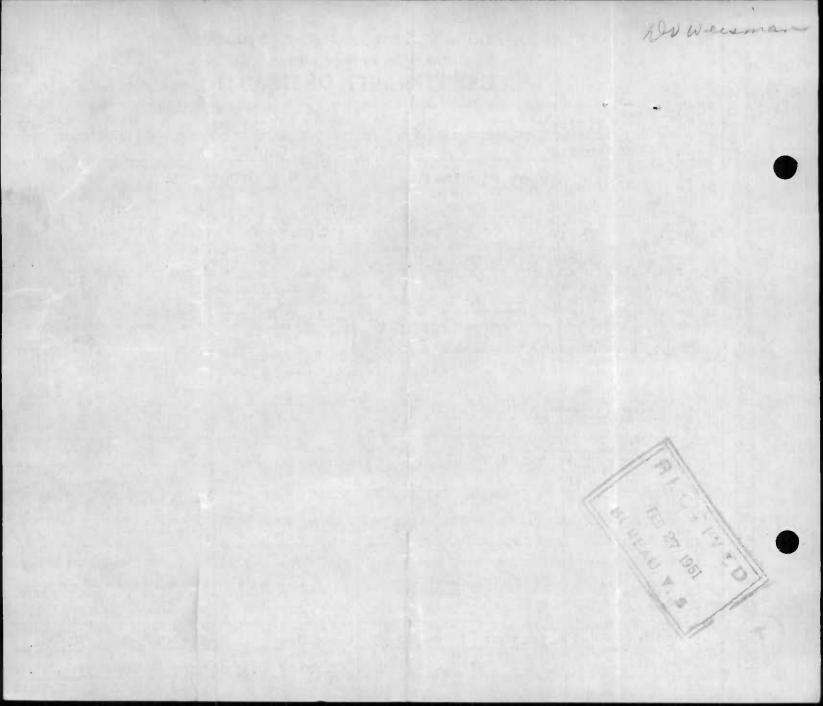
Reg. Dist. No..... 1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY Allegany COUNTY STATE Maryland Allegany MARYLAND CITY (if outside corporate limits, write RURAL and OR give Caracters) CITY (If outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY OR TOWN give Cumberland (in this place) Cumberland TOWN HOSPITAL OR INSTITUTION OR STREET (If rural, give location) ADDRESS Allegany Hospital 9 Offutt St. STREET ADDRESS (Middle) 3. NAME OF DECEASED (First) (Last) 4. DATE (Month) (Day) (Year) Raymond Sharon Edgar Feb. 22. 1951 (Type or Print) DEATH 6. COLOR OR RACE 7. SINGLE, MARRIED, 9. AGE last birthday | If under I year | If under 24 brs. | Months | Days | Hours | Min. 5. SEX 8. DATE OF BIRTH WIDOWED DIVORCED. Male White 10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
LICCUTICEN

13. FATHER'S NAME 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRYT R.R. U.S. Little Orleans. 14. MOTHER'S MAIDEN NAME Emma Allabaugh Charles Sharon 15. Was Decrased Ever In U.S. Armed Forces? (Yes, no. 7 Inknown) (If yes, give war or dates of service) 17. INFORMANT AND ADDRESS 16. SOCIAL SECURITY NO. Lester Sharon Cumberland. Md. 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause 445 > Antecedent cause(s) Diseases or conditions, If any, giving rise to the above cause malegnany Hypertension stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY No PLACE (Home, farm, factory, street, OF office bldg., etc.)
INJURY (CITY OR TOWN) 21. ACCIDENT (Specify) (COUNTY) (STATE) HOMICIDE INJURY OCCURRED HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) While at Not While INJURY Work T At work 22. I hereby certify that I attended the deceased from Rec 28, 1950, to 2/22, 1951, that I last saw the deceased alive on..... (Degree or title) 59 Greens St DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) 23. BURIAL, CREMATION REMOVAL (Specify) 2-25-1951 Great . Cacapon Cem Great Cacapon. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS

Charles L. George

information carefully. of item es of c Supply every i INK. PLAINLY, WITH UNFADING is especially important. Physicians: WRITE

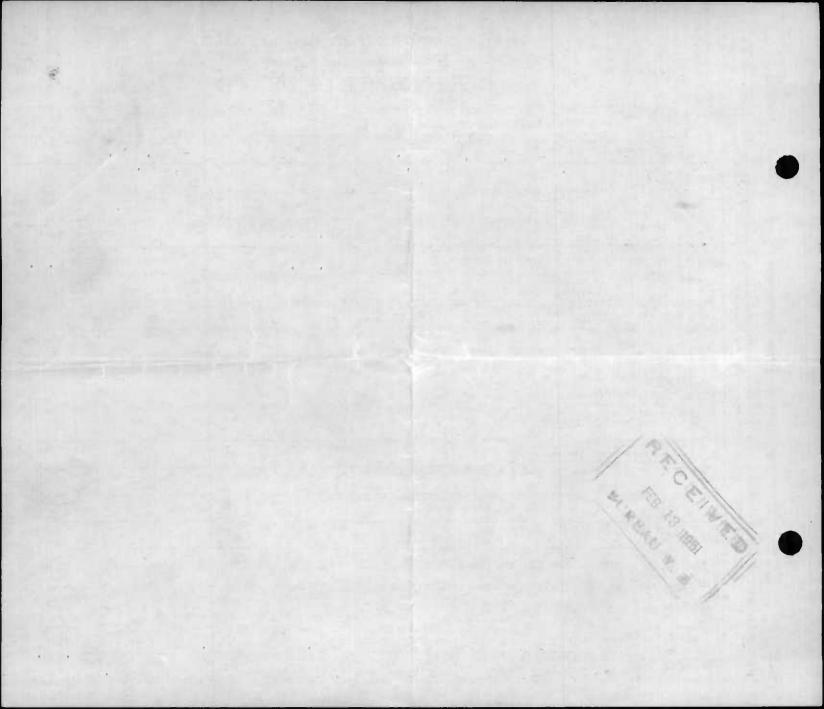
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2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH. ALLEGANY	MARYLAND	2. USUAL RESIDENCE (F STATEMARY LANI)	COUNTYALLEGANY
CITY (If outside corporate limits, write RURAL OR give nearest, town) TOWN (OINTV PORT = AM1. S	O. Bythis place)	OR COUNTY	Road = 4M1	L and give nearest town)
HOSPITAL OR Of. LONGCOMESTREET ADDRESS	ling, Md.	STREET LONG	On landing, givido	eation)
3. NAME OF DECEASED (Type or Print) CHARLES	EDWARD	SHUMAKER	OF TEATH	nth) (Day) (Year)
MALE WHITE V	SINGLE, MARRIED, VIDOWED DIVORCED, (Specify) VIDOWET,		угв. 1	If under 1 year If under 24 hrs. Months Days Hours Min.
done during most of working life, even if retired) h	b. Kind of Business on Lumber mill	W. Va.		COUNTRY SWHAT
13. FATHER'S NAME THRONTON SHO	MAKER	14. MOTHER'S MAIDEN		ARNOLD
	16. SOCIAL SECURITY NO. 212-18-13-9	NELLIE PATT	address [SON****DE	IMOLD STRAIGHT
	18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LE		myo cardile		ONSET AND DEATH
Immediate cause (a)	Chrone	myo careuce	2	Imo
422. Antecedent cause(s)	Acced 1	1		211516
Diseases or conditions, if any, (b)	Janos	man)	5+ Fragres 6+ 14+ 1 6 1 8 8 8 8 1 1 1 1 6+ 88 48 48 48 5 5 5 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6	200
stating the underlying cause last (c)	rurio-Re	leroses		14/2
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Bilateral	Cataracts	7	
19a. DATE OF OPERATION 19b. MAJOR FIN	DINGS OF OPERATION			20. AUTOPSY?
21. ACCIDENT (Specify) PLACE	(Home, farm, factory, street,	(CITY OR T	OWN) (C	OUNTY) (STATE)
HOMICIDE INJURY				
OF W	JURY OCCURRED hile at Not While Vork At work	HOW DID INJURY OCC	CUR?	
22. I hereby certify that I attended the de			/	
alive on A. 7, 19 and t	hat death occurred at	MDDRESS m., from the	causes and on the	date stated above. DATE SIGNED
florman re	ever M.	V. Western	yeart he	1 2/3/51
BURYAK (Specify) DATE THEREOF FEB. 4. 195	1 BEAVER RU	N CEM.	Mi. EAST O	F BURLLINGTON
DATE REC'D BY LOCAL REGISTRAR'S SIG	My gral	E.S. BOAL**	LL1 CHURCH	St. ADDRESS.
		510000	JA'STARN POR	MARYLAND



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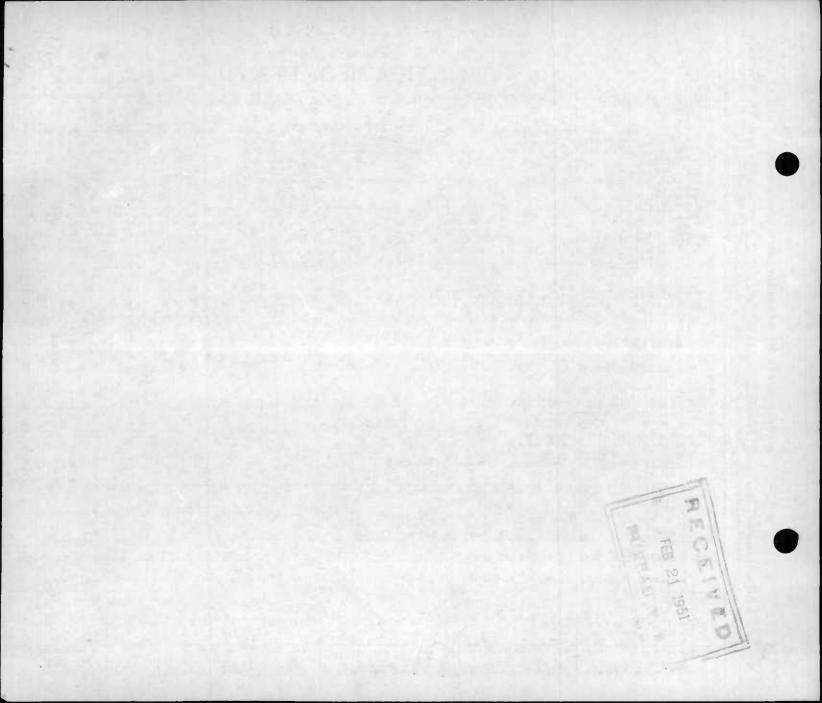
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH-			ENCE (HO	OME) OF DE	CEASED.	· ·	
COUNTY Allegany MARYL		TATE	Marvl	and	COUNT	' Alle	egany
CITY (Il outside corporate limits, write RURAL and LENGTH	OF STAY C	ITY (If outsi		The second secon	RURAL and g		
OR give nearest town) Frostburg (in this		R OWN	Fros	tburg			
HOSPITAL OR		TREET		(If rural,	give location)		
INSTITUTION OR STREET ADDRESS Miners Hospital	Α.	DDRESS	22 Uh	1 St.,			
3. NAME OF (First) (Middle)		(Last)		4. DATE OF	(Month)	(Day)	(Year)
(Type or Print) LAURA (KALLMYER)	5	SIDES		DEATH	Feb.	15.	1951
5. SEX) 6. COLOR OR RACE 7. SINGLE, MARK		ATE OF BIE	RTH 9	. AGE last bir	thday If under	l year If u	nder 24 hrs.
female white WIDOWED, DIV		<u>-11-18</u>		79	yrs.	Days Ho	
done during most of working life, even if retired) INDUSTRY	INESS OR 11. H	BIRTHPLAC	E (State or	foreign country) 1	2. CITIZEN COUNTRY?	
done during most of yorking life, even if retired) INDUSTRY housewife housewife.	ne l 1	Maryla	nd			COUNTRY	USA
13. FATHER'S NAME	14. 2	MOTHER'S	MAIDEN	NAME			
August Kallmyer	I	Eliza	Hasse	lrode			
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECUR		NFORMANT	T AND A	DDRESS _	1.5		
(Yes, no, or unknown) (If year, give war or dates of none	V V	alenti	ne Si	des, Fi	rostbur	g, Md	•
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA Immediate cause Antecedent cause(s)	Congle	Tive	Hear	1 fai	luse	UNSET A	ND DEATH
13/a Diseases or conditions, if any, (b) Chrome	respersen	sive	Coro	roverse	ular		
stating the underlying cause last	heast	6				1	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					 Ordinary graduate and described a described a described 	***************************************	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPE	RATION					20. AUT	OPSY?
							. ,
21. ACCIDENT (Specify) PLACE (Home, farm, fact	nerr stroot :	(C)	ITY OR TO	SUATA	(COUNTY	Yes 🗆	No A
SUICIDE HOMICIDE HOMICIDE INJURY	ny, succe,	(0.	III OK IC	, M. M. J.	(COUNT I) (812	112)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURR		W DID INJ	URY OCC	UR?			
OF INJURY m. While at Not W Work At v	hile ork						
INSURI		1	0				
22. I hereby certify that I attended the deceased from	July , 19	9.4.8, to	15 /8	19.5/.,	that I last	saw the d	eceased
alive on 15 Jou , 19 51, and that death occu	rmd at 8 2	A.m.	rom the	on been seen	n the date a	totad abar	
SIGNATURE (Degree or t	tle) AD	DRESS	TOIN the C	auses and o	n the date s	DATE	SIGNED
Standard 2	7		40		ma a	7	
John 10. Havon M.D	77-	NOS	cou	9.	1100-	2/13	15/.
	Evan. &		,	rostbu	rg . M	ity)	(State)
DATE REC'D BY LOCAL LREGISTRAR'S SIGNATURE		FUNERAL I				ADDRI	ESS
REG. 17-5-1 Mus Mayey A	Red	J. R.	Durs	t, 1	Frostbu		d.



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No...

1. PLACE OF DEATH. 2. USIIAL RESIDENCE (HOME) OF DECEASED. COUNTY legany STATE MARYLAND Maryland CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL as OR give nearest town)
TOWN Frostburg (in this place) TOWN Frostburg HOSPITAL OR INSTITUTION OR HOSPITAL OR Frostburg, Md. institution or Street Address Miner's Hospital STREET (If rural, give location) ADDRESS West Main Street 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED Charles Albert Skidmore Feb. 5] (Type or Print) DEATH 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE last birthday | If under I year | If under 24 hrs. | Months | Days | Hours | Min. WIDOWED, DIVORCED, (Specify) Widowed Oct. 21-1888 Male White 11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT done during most of working life, evon if retired) INDUSTRY COUNTRY? Frostburg Baker Baker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Noah Skidmore Unknown Frostburg, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS (Yes, no, or unknown) | (If yes, give war or dates of Raymond Skidmore, 173 W. Main St. I4-05-5552 service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause 160% Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes 🗌 № П 21. ACCIDENT SUICIDE PLACE (Home, farm, factory, street, OF office bldg., etc.) (Specify) (CITY OR TOWN) (COUNTY) (STATE) HOMICIDE INJURY TIME (Month) INJURY OCCURRED (Day) (Year) HOW DID INJURY OCCUR? (Hour) While at Not While INJURY Work At work 19 50, to 2 = 126, 19 5/, that I last saw the deceased 22. I hereby certify that I attended the deceased from / max 19.5/, and that death occurred at. alive on. (Degree or title) SIGNATURE ADDRESS DATE SIGNED 23. BURIAL CREMATION REMOVAL (Specify)
Burial NAME OF CEMETERY OR CREMATORY DATE THEREOF LOCATION (City, town, or county) Greenmount. Cemeterv Cumberland DATE REC'D BY LOCAL 24. FUNERAL DIRECTOR Jacob Hafer Frostbur

Supply every item write the causes of MARGIN RESERVED INK. please PLAINLY, WITH UNFADING is especially important. Physicians: WRITE

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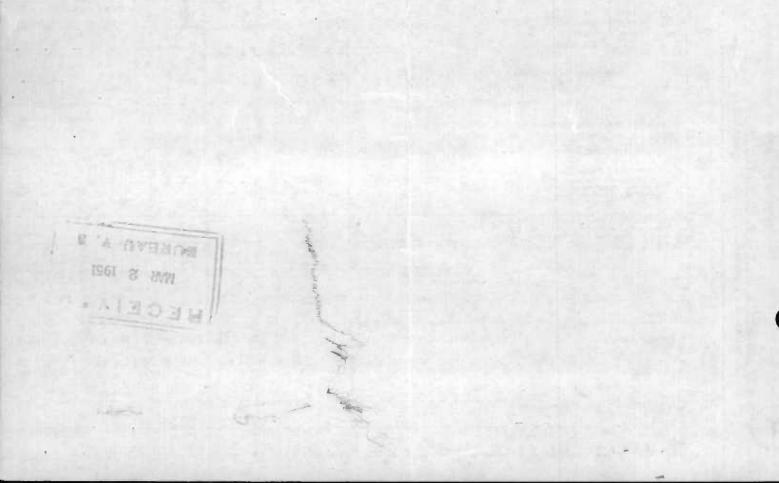
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information carefully.

dead

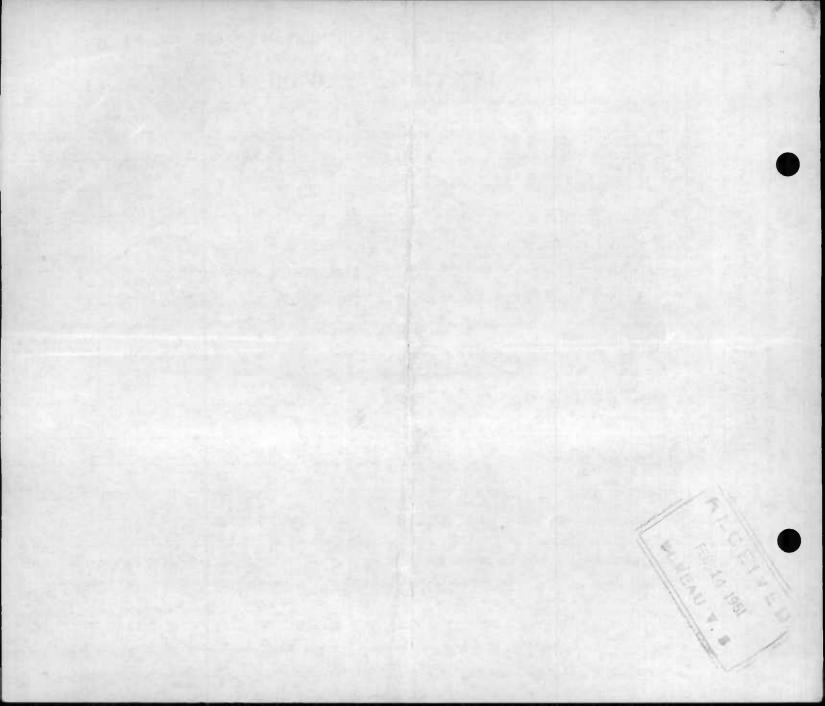


2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT	V
COUNTY College MARYLAND	1	ecus.
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest nown) (in this place)	CITY (If cutside corporate limits, write RURAL and gi	ve nearest town)
TOWN Threstley 70 yr.	TOWN Vrally	
HOSPITAL OR	STREET (If rury, give location)	, ~
STREET ADDRESS 26 Washing to St	ADDRESS 26 Washington	-51
3. NAME OF (First) (Middle)	(Lest) 4. BATE (Month)	(Day) (Year)
(Type or Print) Jane Wallace	Sterrart DEATH 2	7 1951
5. SEX A. COLOR OR RACE 17. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE iast birthday If under	
Female WIDOWED DIVORCED, (Specify) Vindersed	Out - 8 - 1867 OGyrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT
done during most of working life, even II setired) INDUSTRY	Cochhurt, Wid.	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME .	
Edward Incc	Lun Derro	1 -1 01
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS 26 1	lang love SI
(1 es, no, or unknown) (11 yes, give war or dates of	Moro syarquel Itura	Trestherald
18. MEDICAL CE	RTIFICATION	1- /
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
	me for	1 , 000
Immediate cause (a) Fracture les	of Jenus	Tweeks -
Antecedent cause(s)	7 · A	24 8.
Diseases or conditions, if any, (b) May That Allah	Jashul	27 nose
186 3 giving rise to the above cause stating the underlying cause last	P	740
(c) Aupoctation	Inemoria	Shre.
11. OTHER SIGNIFICANT CONDITIONS	:4.	1400
Conditions contributing to the death but not related to the disease or condition causing death.	tre - generalized	MRS.
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
NONE		Yes No No
21. ACCIDENT (Specify) PLACE (Home, for the state of the	(CITY OR TOWN) (COUNTY	
INJURY	FROSTBURG HLLEGH	My MD.
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?	1407
OF INJURY JAN. 14 1951 4.00 While at Work At work	Lost footing while walking	na jec -
22 7 1 1 10 11 17 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 105/ 11 2/7 105/ 11 1	
22. I hereby certify that I attended the deceased from Can.	7, 1957, to 2/1, that I last s	
alive on 2/7, 195/, and that death occurred at	5.20 P.m., from the causes and on the date st	ated above.
SIGNATURE: (Degree or title)	ADDRESS	DATE SIGNED
Marquely lothstrin aco. 4	of Broadway Trollarg, les	1. 2/8/51
	RY OR CREMATORY (LOCATION (City, Cwn, or coun	
REMOVAL (Specify)	In Park Front	hell
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG-10-5-1 Nu Lanen V. Kore	Jacob Halo 17	7/
- 10-31 July roundy 1.10 E	- July Care	July May



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correct

The

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No..... I. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY
COUNTY
CITY (If outside Opporate lings, write RUAL and OR give search town)
TOWN STATE MARYLAND LENGTH OF STAY CITY (If outer corporate limits, write RURAL and rive hearest town) (in this place) TOWN HOSPITAL OR INSTITUTION OR STREET Allegany ADDRESS STREET ADDRESS pita home 3. NAME OF DECEASED (First) (Middie) (Last) (Day) (Year) (Type or Print) 5. SEX OR RACE SINGLE MARRIED WIDOWED DIVORCE 9. AGE last birthday If under 1 year | If under 24 hrs Months | Days | Hours | Min. If under 24 hrs. DIVORCED (Specify) Marrie 10b. KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) (State or foreign country) 12. CITIZEN OF COUNTRY? Hostler 13. FATHER'S NAME Tun 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. AND ADDRESS (Yes, no, or unknown) | (If yes, give war or dates of d service) INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, 0 giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes [No C PLACE (Home, farm, factory, street, 21. ACCIDENT (Specify) (CITY OR TOWN) (STATE) office bldg , etc.) SUICIDE INJURY HOMICIDE TIME (Month) (Day) (Year) INJURY OCCURRED HOW DID INJURY OCCUR? (Hour) While at While at Not While Work At work INJURY 7, 1951, to Feb 23, 195, that I last saw the deceased 22. I hereby certify that I attended the deceased from A.R.m., from the causes and on the date stated above. and that death occurred at... alive on 12 SIGNATURE (Degree or title) ADDRESS DATE SIGNED 23. BURIAL CREMATION NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) DATH (State) REMOVAL (Specify) Mt, Hermon Cemetery Cumberland DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS

/ED FOR BINDING
Supply every item of information carefully, write the causes of death clearly and legibly.

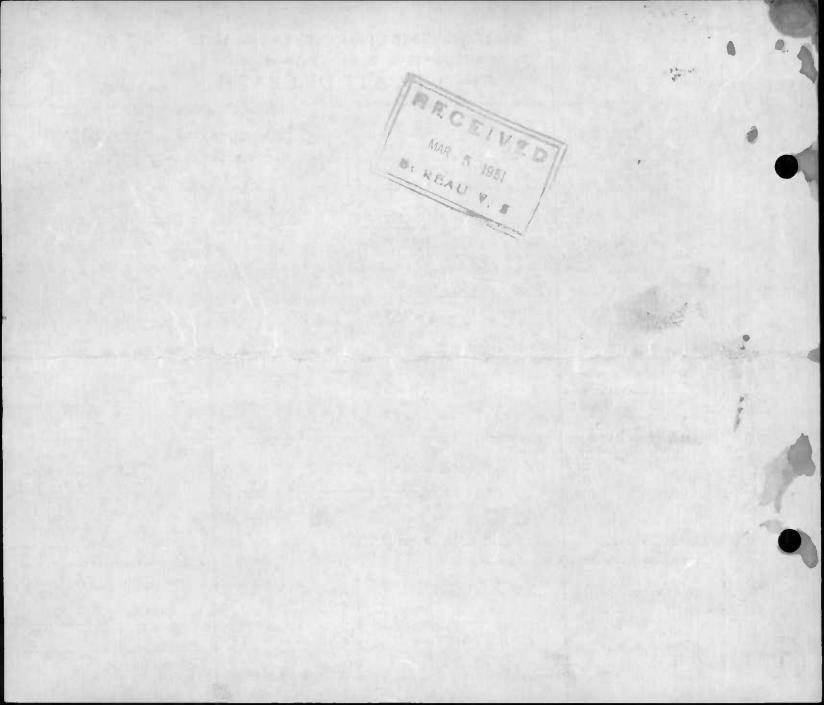
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PLAINLY, WITH UNFADING is especially important. Physicians:

WRITE



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

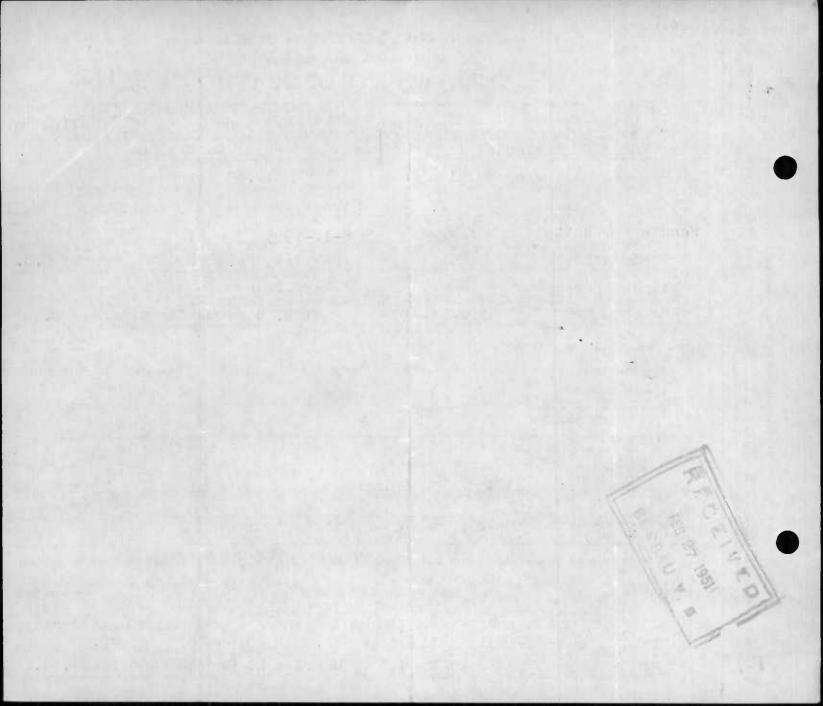
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH			2. USUAL RESIDENCE (HO	ME) OF DECEASE	COUNTY	
CITY (If outside co	egany orporate limits, write RUR wn Cumberland	MARYLAND AL and LENGTH OF STAY (in this place)	CITY (If outside corporate OR TOWN Rural	u Himite, write RURA Cumberlan	COUNTY Allegan L and give nearest town)	У
HOSPITAL OR INSTITUTION OF STREET ADDRESS	477		STREET	Of rural, give los Potomac	ocation)	
3. NAME OF DECEASED (Type or Print)	(First) Anna		Strock	OF DEATH Fe	onth) (Day) (Yes	5:
Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specificant 1 ed	8-12-1909	41 yrs.	If under 1 year If under 24	hre Iln.
done during most of w	ATION (Give kind of work orking life, even if retired)	10h Kind of Business or Industry	Berwick, Pa.		COUNTRY? U.S	
Michael			Mary Doda			
15. Was Decrased Ev (Yes no or unknown)	TER IN U.S. ARMED FORCES (If yes, give war or dates of service)	7 16. SOCIAL SECURITY No. 220-16-6929	Paul E. Stroe		erland, Md.	
giving rise to stating the un	t cause(s) conditions, if any, the above cause inderlying cause last (c) CANT CONDITIONS	chimi 1	uphritis	wemà	- Oment	5
related to the diseas	ting to the death hut not se or condition causing deat RATION 195. MAJOR I	h. FINDINGS OF OPERATION			20. AUTOPSY?	
A COLDENE	(S	CE (II	CIMIL OF BOX		Yes No	
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOV	(C)	OUNTY) (STATE)	
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCU	R?		
		d that death occurred at (Degree or title)	4.0			
23. BURIAL, CREMA REMOVAL (Speci BUrlal	TION DATE THEREO			ATION (City, town umberland		
DATE REC'D BY I			Charles L. 9	eorge Cum	aberland, Md.	
		1,				



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltlmore

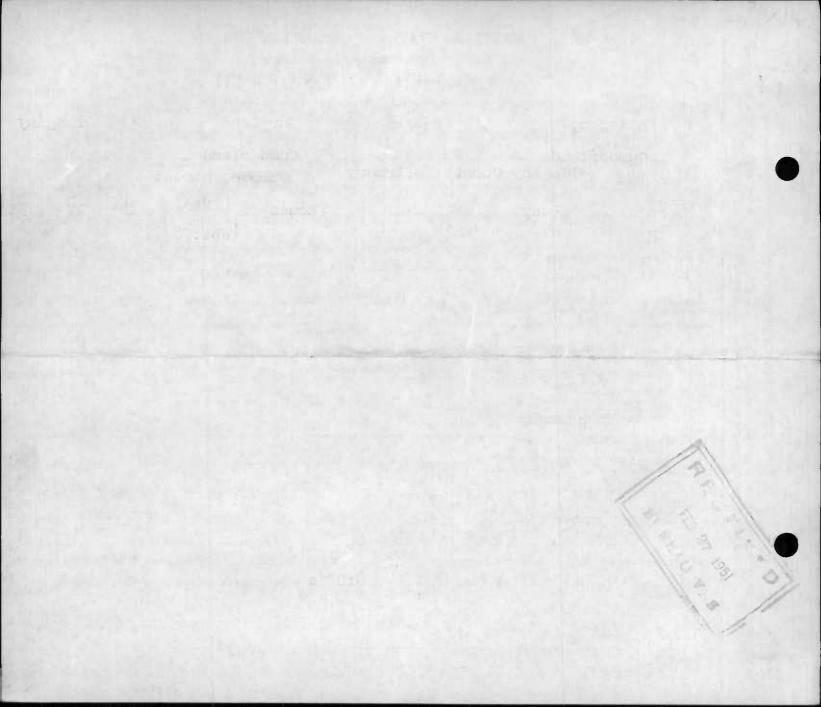
CEDTIFICATE OF DEATH

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GERTIFICAT	E OF DEATH Reg. Dist. No.	o
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY Allegany MARYLAND	STATE Maryland COUNTY	YAllegany
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	
OR givo nearest town) TOWN Cumberland Kncl /9/0	OR TOWN Cumberland	2
HOSPITAL OR INSTITUTION OR Allegany County Infirmar	STREET // Alf rural give latertion)/	teet
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year
DECEASED (Type or Print) TallCV	Thomas DEATH 2	17 15
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE last birthday If under Months	1 year If under 24 h
Femal While WIDOWED, BIYORCED (Specify) Wirdstyles	May 14, 1873 2.79 yrs. Months	Days Hours Mi
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or	1 110 BIRTHPLACE (State or foreign country) 12	2. CITIZEN OF WHA
done defing most of working life, even if retired) INDUSTRY	Bloomington Maryland	COSU.
13. FATHER'S NAME / / / / /	14, MOTHER'S MAIDEN NAME	
Samuel S. Turnell	Elizabeth Harr	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, opunknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS	
(res, no, ordination) (respective was of dates of August)	allegany County Infirma	erce
18. MEDICAL CE	RTIFICATION	1,/
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1. 11.1	ONSET AND DEAT
Immediate cause (a) fungo ca.	edial failure	2 /200
42a / Immediate cause		
Antecedent cause(s) Diseases or conditions, if any, (b)	Delansus	1/2703
O 1/ giving rise to the above cause		
740 stating the underlying cause last		
11. OTHER SIGNIFICANT CONDITIONS		1
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		1 20. AUTOPSY?
		Yes 🗆 No [
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR!	
OF While at Not While INJURY m. Work At work		
931	1016. 26 17 151	
22. I hereby certify that I attended the deceased from		
alive on 7,55.16, 19.51, and that death occurred at 8	:07 a.m. from the causes and on the date st	ated above.
SIGNATURIA (Degree or title)	ADDRESS	DATE SIGNED
(frither to sould bu. \$. 11	0.00	4.17.1951
23. PORIAL CREMATION DATE THEREOF NAME OF CEMETE	DY OR CREMATORY LOCATION (City, town, or count	T State
DATE REC'D BY LOCAL REGISTRAN'S SIGNATURE	24. FONERAL DIRECTOR	ADDRESS
tek: 18, 1951 Writer K. Nanh, M.S.	Lanes Sein Inc. (unt	restand V
	VV	VVV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

eg. Dist. No....

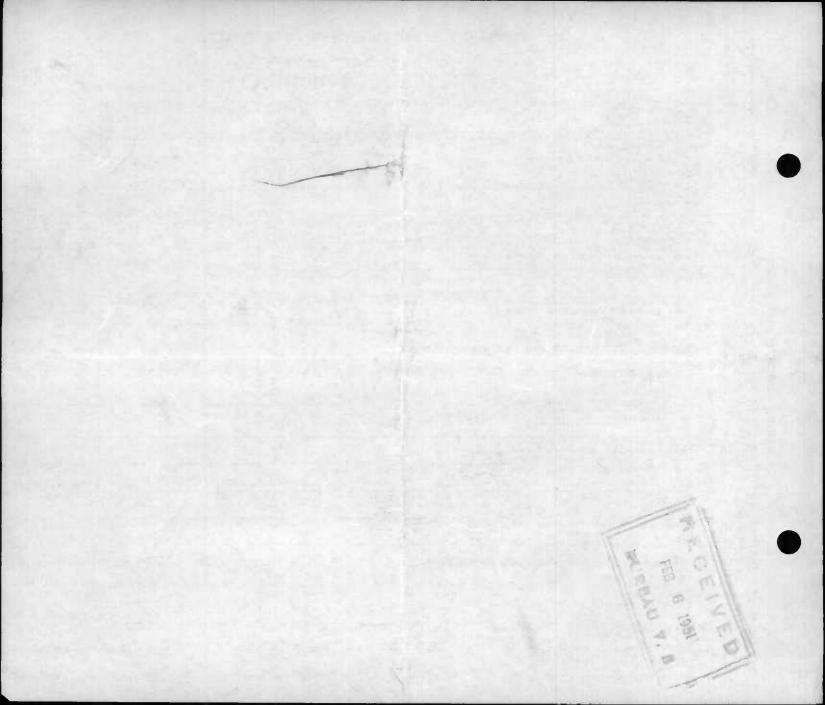
	Reg. Dist. No
I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED
MARYLAND	STATE M. COUNTY
OR give nearest 16wn)	CITY (If outside corporate limits, write RURAL and give pearest town)
TOWN Town	OR TOWN F
HOSPITAL OR	STREET (If rural Give location)
INSTITUTION OR STREET ADDRESS	ADDRESS
3. NAME OF First (Middle)	
DECEASED	OF
(Type or Print) 5. SEX 6. COLOR OR RAGE 7. SINGLE, MARRIED.	DEATH 2 - 2 - 195
WIDOWED, DIVORCED.	8. DATE OF BIRTH 9. AGE last birthday If under I year If under 24 hr Months Days Hours Min
/ Line (Specify) many	1 (4) yrs.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or done duning most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
- House was Queldeme	Colle - Tording Will Country!
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wan. Thompson.	house Walana
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	IV. INFORMANT AND ADDRESS To the state of th
(Yes, no, or unknown) (If yes, give war or dates of	The Hall of the Contract of th
	IN ACCOUNT OF THE PARTY OF THE
18. MEDICAL CEI	INTERVAL BETWEEN
J. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATE
An english A.	The Man Sulvey 11 1/20
Immediate cause (a)	conoma abdominatorgan 4/2 mi
1991 Antecedent cause(s)	
Diseases or conditions, if any, (b)	enour -
giving rise to the above cause stating the underlying cause last	97 10 10 10 10 10 10 10 10 10 10 10 10 10
(a)	
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not	
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	
9/25 50 Ameriland Coremond	abd. organs with socites 20. AUTOPSY?
	Tes U No M
21. ACCIDENT (Specify) / PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF INJURY m. While at Not While Work At work	
A La	- 2/2 -
22. I hereby certify that I attended the deceased from 7/1/7	, 1957, to 2/2, 1957, that I last saw the deceased
2/2	
alive on 2/2, 19.57, and that death occurred at 1	
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
Hilde pushally M. D. 4	8 Broadway Frustong mi If3/57
23. BURIAL, CREMATION DATE THEREOF NAME OF CENETEI	RY OR CREMATORY LOCATION (City town, or county) (State)
Dulla 2-0-1751 Vyorthug	Men. Gen. Trestana, mo
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR, ADDRESS
a-5-51 Mis Marier A. Rho	Jacob Haser Hrestly

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. O

1. PLACE OF DEAT COUNTY	n. Allegany	MARYLAND	2. USUAL RESIL STATE ME	eryland	E) OF DECEAS	COUNTY	Alle	gany
CITY (If outside c OR give nearest TOWN	corporate limits, write RURA t town) Lonaconing	Land LENGTH OF STAY (in this place)	CITY (If outsi OR TOWN	I ona	nits, write RUR	AL and give		
HOSPITAL OR INSTITUTION OF STREET ADDRE			STREET ADDRESS		(If rural, give Street		,	-
3. NAME OF	(First)	(Middle)	(Last)	14.	DATE (A	Aonth)	(Day)	(Year)
(Type or Print)	Marv		Walsh		OF DEATH Feb	ruary	7	19 5]
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIR		GE last hirthday		year ilfun	
Female	White	(Specify) SINGLE	Nov 19.1		78 yrs.	Months	Days Hou	rs Min.
10a. USUAL OCCUP	ATION (Give kind of work to kind of work)	10b. KIND OF BUSINESS OR INDUSTRY Public Scho	ol Ma	E (State or fore		12.	CITIZEN O	WHAT
13. FATHER'S NAM	IE .		14. MOTHER'S	MAIDEN NAP	AE.			
	Edward Wals	sh		Marer	Reynol	de		1 4
	VER IN U.S. ARMED FORCES	16. SOCIAL SECURITY NO.	17. INFORMANT			440		
(1es, no, or unknown)	(If yes, give war or dates of service)	I.	Sister Ce	ecelia	Maria	Ph	ila,	Pa.
		18. MEDICAL CEI	RTIFICATION					
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH					INTERVAL :	
II DIGHTODO GIV G		<u> </u>	A 1 1		•		OHSEL MI	/ DEATH
Immediat	e cause (a)	Coronary	Ucell	isco	V		20	des.
120 1 Antogodo	-A(a)	1	A 0	. 0	1.1	1	1	
Diseases or	nt cause(s) conditions, if any, o the above cause underlying cause last	Menosder	olie Ce	erdio	-Va	rcula	<i></i>	
OWITED STATIST	(c)	alsean -						
Conditions contribu	ICANT CONDITIONS uting to the death but not use or condition causing deat							
19a. DATE OF OPE	RATION 19b. MAJOR F	INDINGS OF OPERATION					20. AUTO	PSY?
•							Yes 🗆	No 🗗
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC OF INJU	CE (Home, farm, factory, street, office hldg., etc.)	(CI	ITY OR TOWN	1)	(COUNTY)	(STA	(E)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJ	URY OCCUR?				
22. I hereby cert	ify that I attended the	deceased from	, 19/9., to d	2/7	19.67., tha	t I last sa	w the de	ceased
alive on2	6 , 1951, and	d that death occurred at	ADDRESS	rom the caus	es and on th	e date sta	ted above	
(37.)	Engene J.	rue Mo	Lona	coni	ng T	nd	2/9	151
BUY 1a I pec	LUCO LU	1951 St. Marvs	Cemetery	LOn	rion (Gity, too		Ma-	State)
DATE REC'D BY	1957 REGISTRAR'S		M. Eichh	DIRECTOR	Lona		ADDRES	S
	1				093	88	8	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

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in #18 shown on: 2411 N. Char	eles Street, Baltimore
CERTIFICA	ATE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH. MARYLAND MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY MENTALLY COUNTY
CTIY (II chaide corporate limits, write RURAL and OR of hearest twn) TOWN (I this Deace) HOSPITAL OR	
STREET ADDRESS (COAMA GOOMA)	ADDRESS 37 Jamout St.
3. NAME OF DECEASED (First) (Middle) (Type or Print)	(Last) 4. DATE (Month) (Day) (Year) OF DEATH 2/12/5/ 19
5. SEX 6. COLOR Of RACE 7. WIDOWED, DIVORCE (Specify) WIDOWED	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
10a. USUAL OCCUPATION (Give kind of work down turing most of working life, even if retired) 13. FATHER'S NAME.	OR CHORTHPLACE state or folign country) 12. CITIZEN OF WHAT COUNTRY COUNTRY 144 MOTHER'S MAIDEN NAME
15. Was Decrased Ever in U.S. Armed Forces? 16. Social Security No (Yes, ps, oy unknown) (If year, give war or dates of	Cohanna O' Flans
service) Turn	Mrs Madolin Visnen
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Antecedent cause(s)	dies gallago. Canto
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	tocele and cystocele (3/1/51 akc)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATIO 2/6/51	terre reagree cetering Yes No X
21. ACCIDENT (Specify) SUICIDE HOMICIDE OFFI OFFI ON O	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?
11.	2 1951, to 2/12, 195/, that I last saw the deceased
alive on 19 and that death occurred a SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
23. BURIAN CREMATION DATE NAME OF CEMI	EVERY OR CREMETORY LOCATION (City town of county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE.	24. FONERAL DIRECTOR ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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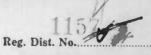
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St. L. Bring

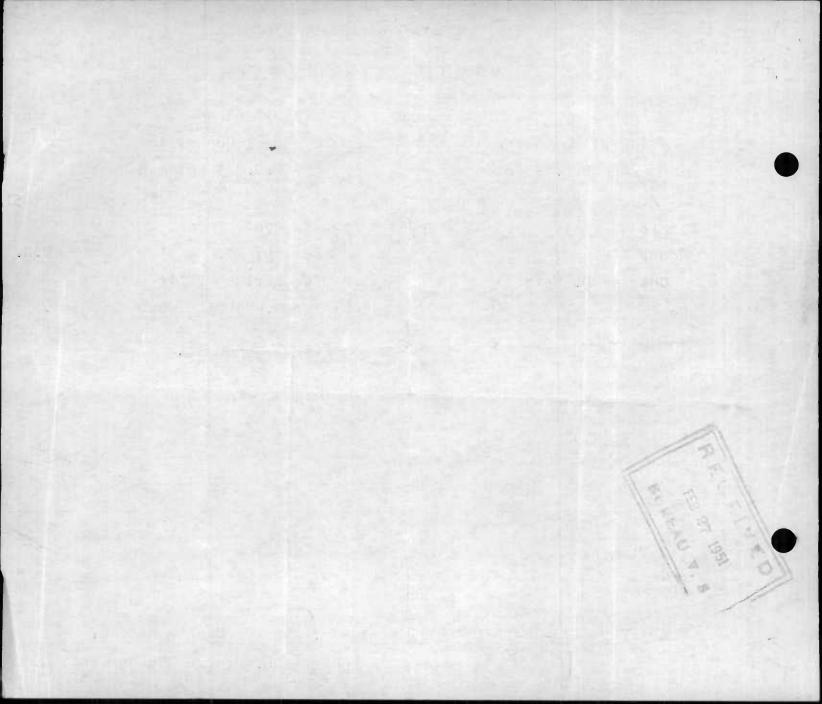
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH



1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Allegany MARYLAND	STATE Maryland COUNTY Allegany			
CITY (If outside enrorate limits, write RURAL and LENGTH OF STAY	CITY (If nutside corporate limits, write RURAL and give nearest town)			
TOWN Rural Cumberland (in this place)	Town Rural Cumberland			
HOSPITAL OR INSTITUTION OR D D # C Determe Deeds	STREET (If rural, give location) ADDRESS P. D. # 5 Portomo o Porto			
STREET ADDRESS N. D. # > FOLOMAC FAIR	ADDRESS R.D.# 5 Potomac Park			
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)			
(Type of Print) Martha Ann Wal	ters DEATH Feb. 21, 1951			
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs			
Female White WIDOWED. OLVORGED. (Special) 1d OWed	12-28-1870 80 yrs. Mnths. Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) Barton, Md. 12. CITIZEN OF WHAT COUNTRY? U.S.			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
Charles O. Metz	Catherine Febbie			
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no. or unknown) (If year, give war or dates of NOne	17. INFORMANT AND ADDRESS Lester W. Norris Cumberland, Md.			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Consective	. heart feilme Guntle			
Antecedent cause(s)	tu heart dream War.			
Antecedent cause(s)	File Tolores Me.			
Diseases or conditions, if any, (b)				
stating the underlying cause last				
II. OTHER SIGNIFICANT CONDITIONS Conditions cantributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	1 20. AUTOPSY?			
	Yes No N			
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) IIOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)			
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?			
OF While at Not While INJURY m. Work At work				
22. I hereby certify that I attended the deceased from /- 5-, 19.4/, to 2-2/-, 19.57, that I last saw the deceased alive on 2-/2-, 19.57, and that death occurred at				
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED			
Chriso MD	576ceene 01. 2-22 sy			
23. BURIAL, CREMATION DATE NAME OF CEMETER PROVALETED 2-24-1951 HillCrest	Cem. Location (City, town, or county) (State)			
DATE REC'D BY LOCAL RECISTRADS ST MATURE	24. FUNERAL DIRECTOR ADDRESS			
701 > 2 1951 WHE I WARE	Chamber I Cooper Cushamland Ma			
124.03.1	Charles L. George Cumberland, Md.			



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 4

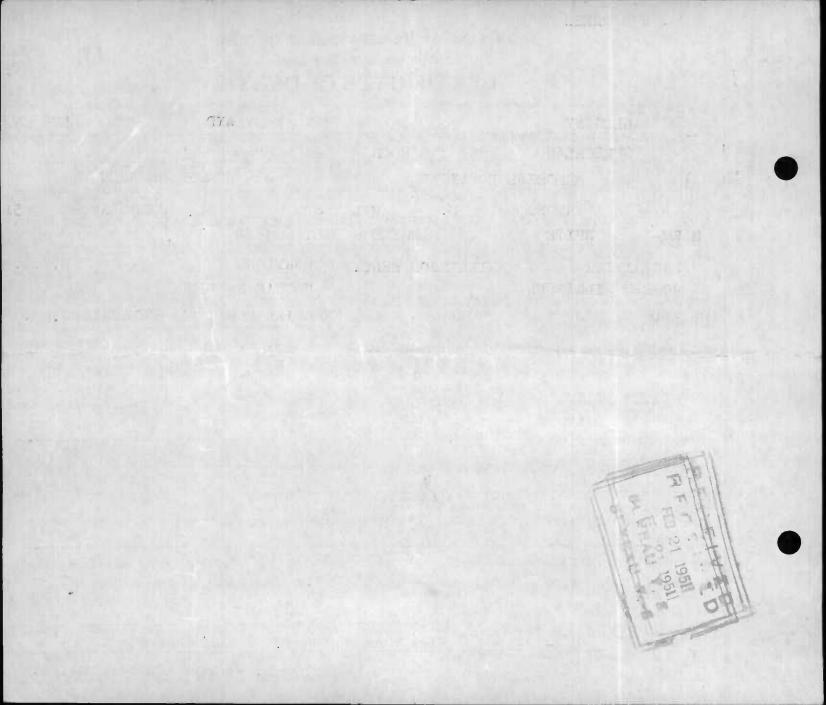
1. PLACE OF DEATH. COUNTY AT TEC AND	2. USUAL RESIDENCE (HOME) OF DECEASED.	
MARYLAND		Y ALLEGANY
OR give nearest town).	Y CITY (If outside corporate limits, write RURAL and gi	ve nearest town)
TOWN give nearest 1988 RLAND (in 5his please)		
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location ADDRESS 635 HENDERSON AVE	ATTTO
STREET ADDRESS MEMORIAL HOSPITAL	ADDRESS 635 HENDERSON AVE	NUE
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) ARMOND B. W	VILKINSON DEATH FEBRUAL	
6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under	1 year If under 24 hr
MALE WHITE WIDOWED MAYNETED		Days Hours Min.
done during most of working like with if retiredy PROPRIETOR WILKINSON RES		2. CITIZEN OF WHAT
PROPRIETOR GWALL WILKINSON RES		COUNTRY S.A.
JOSE PH WILKINSON	14. MOTHER'S MAIDEN NAME	
	HATTIE RAWLINGS	
(Vas no fir unknown) (If you wise non or dates of	MEMORIAL HOSPITAL -CUMBER	OT ANTO MO
Onknown service) None		THAMD, MD.
	CERTIFICATION	Taranta D
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	0	ONSET AND DEATH
Cournous (reclusion (alute)	24 hore
260 x Immediate cause (a)		
Antecedent cause(s)	Ellowie	3
Diseases or conditions, If any, (b) giving rise to the above cause		
stating the underlying cause last	10 7	
(c) deather to	eleum	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		
198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, stree	(OLEN OR HOWN)	Yes No No
SUICIDE OF office bldg., etc.)	c, (CITY OR TOWN) (COUNTY)	(STATE)
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY m. While at Not While Work At work	ATOW DID INCOME GOODIN	
	ma CI B	
22. I hereby certify that I attended the deceased from 15 35	7. , 1951, to 7 Het. 195/ that I last a	hosessed was
alive on	4:05A.m., from the causes and on the date st	ated above.
1. all of me-		DATE SIGNED
w. when hy own	Cumberland, md. 9	12 1/21
PEMOVAL (Specifer)	TERY OR CREMATORY LOCATION (City, town, or coun	
REMOVAL (Specify) 2-12-1951 Zion Men		•
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Tet. 11, 1931 Willi K. Wang, 111.0.	Charles L. George Cumber	land, Md.
	2906	79

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE

The correct age

131



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly-and-legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

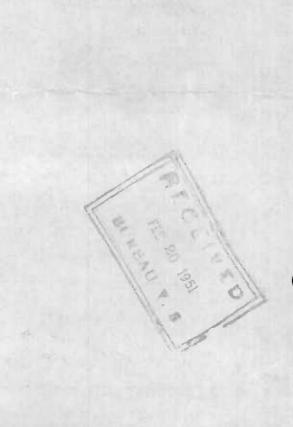
2411 N. Charles Street, Baltimore

1159

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH- COUNTY COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
CITY (If outside deporate limits) write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give dearest town)
OR give nearest town) TOWN TOWN OR Give nearest town) TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN	OR TOWN all eserce and five dearest that
HOSPITAL OR O. A. A. A.	STREET (If ryral, g() location)
STREET ADDRESS CT Cumberland by	ADDRESS Pet I Cumberland my
3. NAME OF (First) (Middle)	(Last), 4. DATE (Month) (Day) (Year)
(Type or Print) Margaret adeline	Willison DEATH Fel 14 1951
6. COLOD OF RACE 7. SINGLE, MARRIED, WIDOWED, DWORCED	8. DATE OF BIRTH 9. AGE last hirthday If under 1 year If under 24 hrs. Months Days Hours Min.
Temale White Specify Willowed	Jan 13,18/41 // yrs.
iba. USUAL OCCUPATION (Give kind of work done during most of working life, ever if retired) INDUSTRY	12. CITIZEN OF WHAT COUNTRY! U.S.
13 PATHER'S NAME	14. MOTHER'S MAIDEN NAME
Agual Tellentouge	Tarrier Messella
15. WAS DECEASED EVER IN U.S. ASMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of	17. NFORMANT AND ADDRESS A
(Yes, no, or unknown) (If yes, gre war or dates of Hone	Mrs Chasa-Statter at / Cumberland
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONGET AND DEATE
w/forming	our (Iman -
290,0 Immediate cause (a)	ou comma / geor
Antecedent cause(s)	
Diseases or conditions, if any, (b) giving rise to the above cause	**************************************
atating the underlying cause last	
(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes O No X
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bidg., etc.) HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?
INJURY m. Work At work	
22. I hereby certify that I attended the deceased from Fef 24	1940 to Fel 14 192/ that I last saw the deceased
alive on, 19.2, and that death occurred at SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
wome lang mid	Frostburg md Felius
23. BURIAL, CREMATION (DATE THEREOF NAME OF CEMETE)	RY OR CREMATORY LOCATION (City, town, or county) (State)
Burn Hel 16, 1931 Heleves	Cemelly Humberloux Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR STORES
Tel. 16, 1951 Winley K. Manky, M.D.	John & Hater Cumberland W



2.7

MARYLAND

Dade

7. SINGLE, MARRIED, WIDOWED, DIVORGED, (Specify) SINGLE

10b. KIND OF BUSINESS OR

Tree trimmer

PLACE (Hnme, farm, factory, street,

INJURY OCCURRED

Nnt while

(Degree or title)

at work

OF office bldg., etc.)

While at

work

LENGTH OF STAY

(in this place)

CERTIFICATE OF DEATH

A	13	
		BINDING
		OR

of information carefully. death clearly and legibly.

Supply every item write the causes of

INFADING I Physicians:

RESERVED

1. PLACE OF DEATH.

HOSPITAL OR

INSTITUTION OR STREET ADDRESS

OR give nearest town)

Allegany

(First)

Gravson

also

Enos Robinette Wilson

16. Was Dectasto Even In U.S. Armed Forces? (Yee, no, or unknown) (If yee, the pure of dates of service) W. W. 220-10-7438

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

(Hour)

REGISTRAR'S SIGNATURE

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

6. COLOR OR RACE

white

10a. USUAL OCCUPATION (Give kind of wnrk done during most of working life, even if retired)

aborer

Immediate cause

Antecedent cause(s)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not

PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

TIME (Month) (Day) (Year)

21. EXTERNAL CAUSE WAS

INJURY

SIGNATURE

BURIAL CREMATION BUMOVAL (Syreity)

DATE REC'D BY LOCAL

Diseases nr conditions, if any, giving rise to the above cause stating the underlying cause last

related to the disease or condition causing death.

CITY (If outside corporate limits, write RURAL and

COUNTY

3. NAME OF

male

420.1

DECEASED

(Type or Print)

13. FATHER'S NAME

FOR MEDICAL EXAMINERS

Reg. Dist. No..... 2. USUAL RESIDENCE (HOME) OF DECEASED STATE CITY (If outside corporate limits, write RURAL and give nearest town) Flintstone TOWN STREET (If rural, give location) ADDRESS (Last) 4. DATE (Month) (Day) (Year) Wilson DEATH Feb. 1957 8. DATE OF BIRTH 9. AGE last birthday | If under 1 year | If under 24 hrs Months | Days | Hours | Min. Nov. 4-1887 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY Bedford G. Pa. 14. MOTHER'S MAIDEN NAME Hannah Lashlev 17. INFORMANT AND ADDRESS records at his home. 18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH Coronary occlusion at once 8 Coronary sclerosis 20. AUTOPSYT Yes | (CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? 22. I certify that I took charge of the remains described above, held an Autopsy ..., Inspection ..., Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes *, accident , suicide , homicide , undetermined ... DATE SIGNED cumberland, Md. Feb. 26-1951 AME OF CEMETERY OR CREMATORY LOCATION (Citystown, or equaty) Vianch Mase laud 24. FUNERAL/DIRECTOR

WITH UN (E) -EASI

